## College of Charleston Department of Public Safety Officer Complaint or Concern

Your Name:		CWID (If student):	
Email:	Other:		
Parent/Guardian Contact			
Tarenty Guardian contact	Complaints may be m	ade anonymously	
Officer Name:		, ,	
		bauge#/Naiik	
Description:			
Date of incident:	Time:	Location:	
Describe what happened	<b>1</b> :		
		_	
What would your preferr	red outcome he?		
What Would your preferr	ed outcome be:		
	Use back of for	m if needed	
List any Witnesses:			
Name:	CWID (if student):	Phone:	
Address:		Email:	
Name:	CMID (if student):	Phone:	
Address:	CVID (II staucity)	Email:	
Address	Use back of for	LIIIdII m if needed	
	OSC BUCK OF JOIN	n y necucu	
I have read this complaint r	report and truly declare and affirm that th	e statements contained herein written by me are accurate, true,	
and complete. I understand that untruthful statements may be considered a false police report under SC statute and am willing to			
meet with the officer(s) investigating this case and testify at any hearings necessary.			
Legal Signature of Perso	nn Filing Complaint	Signature of Parent or Guardian if minor	
Legar Signature Or reiso	71 Thing Complaint	Signature of Farent of Guardian II million	
Turn in this form to any COC PSD officer or Supervisor or to our headquarters at 89 St. Phillip Street, Charleston SC 29424			
I		e:	
Date Received:	IIM	e:	