



# York College of Pennsylvania

## Department of Campus Safety

### Employee Complaint Report

Page \_\_\_\_ of \_\_\_\_

**Instructions:** Please write legibly. Complete all fields on the front side of the form. Provide your statement on the second page in the area labeled Narrative. Sign and date both sides of the form before dropping form off at the Campus Safety office, located in the lobby of Manor Northeast.

Complainant's Name: Last, First, MI		Date of Report	
Complainant's Home Address:		Home Phone:	
Complainant's Local Address:		Cell Phone:	
Date and Time of Incident:		Location of Incident:	
Name(s) of Employee(s) Involved (if known):			
1. _____ 2. _____ 3. _____			
Name(s) of Witness(s) (if any) and their local address and phone: Additional witness information attached? YES NO			
1. _____ 2. _____ 3. _____			
Did you speak to a supervisor regarding the incident? YES NO		Name of Supervisor:	
<b>SIGNATURE</b>		<b>DATE</b>	<b>TIME</b>

**DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT USE ONLY**

Supervisor Comments:	
_____ _____	
Name of Supervisor receiving complaint:	Copy to Complainant: YES NO
Date: _____	Emp. Initials: _____
Forwarded to Director of Campus Safety: Date: _____ Emp. Initials: _____	



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Statement of \_\_\_\_\_  
Write your full name on the line above

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### NARRATIVE


Statement Continued on additional page? YES NO

**I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE INFORMATION IS TRUE AND CORRECT.**

**COMPLAINANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REPORT RECEIVED BY:**

SIGNATURE	DATE	TIME