

CARLISLE POLICE DEPARTMENT
CITIZEN COMPLAINT INFORMATION SHEET

The members of the Carlisle Police Department are committed to providing law enforcement services that are fair, effective and impartially applied. It is in the best interests of everyone that your complaint about the performance of an individual officer is resolved fairly and promptly. The police department has formal procedures for investigating your complaint. These procedures ensure fairness and protect the rights of both citizens and law enforcement personnel.

1. If you wish to make a complaint about the actions of an employee or about any aspect of law enforcement operations, please:
 - a. Come to the department and tell any employee that you want to make a complaint; or
 - b. Call the police department or the mayor's office and tell the person answering the phone that you want to make a complaint; or
 - c. Write your complaint and mail it to the chief of police.
2. A department employee will assist you in filling out a complaint form. This form asks you to identify yourself and then to give specific details about your complaint. If you wish for your complaint to remain confidential, the employee assisting you will provide you with an envelope, in which you may seal your complaint before submitting it.
3. Your complaint will be thoroughly and objectively investigated. You may be contacted and asked additional questions about your complaint.
4. By policy, the department attempts to investigate all complaints within 30 days. If it is going to take longer investigate your complaint, you will receive a letter telling you approximately when you may expect a reply.
5. If our investigation shows that a crime might have been committed, the Prosecuting Attorney will be notified. You might be asked to testify in court.
6. If our investigation results in an employee being charged with a violation of departmental rules, you might be asked to testify in a departmental hearing. All disciplinary hearings are closed to the public.
7. If our investigation shows that the complaint is unfounded or that the employee acted properly, the matter will be closed.
8. *It is unlawful to provide information in this matter that you do not believe to be true.*
9. When your complaint has been investigated, the chief of police will review the investigation and will write you a letter explaining the final disposition of your complaint.
10. You may call the Carlisle Police Department at (870) 552-3687 with any additional information or any questions regarding your complaint.

CARLISLE POLICE DEPARTMENT COMPLAINT AGAINST POLICE PERSONNEL

[Internet Download Version]

DATE REPORTED	TIME REPORTED	<input type="checkbox"/> IN PERSON <input type="checkbox"/> BY TELEPHONE <input type="checkbox"/> BY MAIL <input type="checkbox"/> OTHER _____			
DATE OCCURRED	TIME OCCURRED	LOCATION OF OCCURRENCE			
COMPLAINANT'S NAME			RACE	SEX	DATE OF BIRTH
ADDRESS		CITY		STATE	ZIP CODE
HOME TELEPHONE			WORK TELEPHONE		
COMPLAINANT ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, CHARGE(S)			
WITNESS NAME			RACE	SEX	DATE OF BIRTH
ADDRESS		CITY		STATE	ZIP CODE
HOME TELEPHONE			WORK TELEPHONE		
NAME OF EMPLOYEE INVOLVED			RANK	BADGE NO.	VEHICLE NO.
STATEMENT OF ALLEGATION (IF FURTHER SPACE IS NEEDED USE REVERSE SIDE OF FORM)					

I understand that this statement of complaint will be submitted to the Chief of Police and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

I understand that, under the regulations of the department, the employee against whom this complaint is filed may be entitled to request a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry, if one is requested by the employee, and to testify concerning all matters relevant to this complaint.

SIGNATURE OF COMPLAINANT	DATE
SIGNATURE & BADGE NO. OF EMPLOYEE RECEIVING COMPLAINT	DATE & TIME RECEIVED