CITY OF HARRISBURG HARRISBURG BUREAU OF POLICE Attention: Internal Affairs Office 123 Walnut Street Harrisburg, PA 17101 OfficeoftheChief@harrisburgpa.gov						Date Received: Incident # Log #		
Form								
How Correspondence Was Received (Please Circle): For use by HPD								
In Person Citizen's Name - Last Na	eMail Fax me. First. Middle	U.S. Mail	Other Spe Sex/Age	Race	Tel: Home		Tel: Wor	k/Mobile
			<i></i>					.,
Home Address			-	City			State	Zip Code
Witness - Last Name, First, Middle					Tel: Home		Tel: Wor	k/Mohile
withess - Last Name, Th					Tel. Home			NY WIODILE
Home Address				City			State	Zip Code
Witness - Last Name, First, Middle					Tel: Home		Tel: Wor	k/Mahila
Withess - Last Walle, Fil	st, Midule				Tel. Home		Tel. Wolf	N NODILE
Home Address				City			State	Zip Code
Date of Encounter	Time of Encounter				- 4			
Date of Encounter	Time of Encounter	Location w	here encoun	ter occurre	ea			
Officers involved if know	vn (Name, Badge #)							
What action would yo	ou recommned?							
Do you want someone	to call you?			YES		NO		
Would you like a writt	Would you like a written response to your concern?			YES		NO		
Citizen's Signature and Date:				Form Received By (Name/Badge):				
I verify the statements made herein are true and correct to the best of my knowledge, information and belief. This statement is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa. C.S.A. § 4904) related to unsworn falsification to authorities.								

Instructions for Citizen's Complaint or Compliment Form

Purpose: This form may be submitted by any person who wishes to make a complaint about the conduct of a City of Harrisburg Police Officer or employee or who wishes to render a compliment about especially good conduct or service rendered by a Police Officer or employee.

Confidentiality: All submissions will be treated confidentially. Including personal information such as your name, address, and phone number is necessary to ensure we can conduct a thorough investigation. In accordance with City of Harrisburg Ordinance 3-301, the Bureau of Police will provide a copy of a complaint to any Police Officer alleged to have comitted an infraction. Statistics without identifying information will also be provided to City of Harrisburg leadership on a recurring basis for the purpose of reporting the results of this process.

Form Instructions: Please fill out the unshaded areas of the form to the best of your ability. You can type your answers on our fillable form or print the form and fill it out in pen.

Submission: You are welcome to submit the form in person at our Walnut Street address. If you wish to speak with someone directly about your complaint, please call (717) 255-3158 to make an appointment. You can also attach a completed form to an email and send it to us at OfficeoftheChief@harrisburgpa.gov . Finally, you are welcome to send a completed form by mail to the address at the top of the form.

Response: Depending on the nature of your submission, you may expect a written response from a Police Bureau representative as soon as we are able to properly investigate any issues presented. If you wish to check on a pending submission please feel free to contact us for an update at (717) 255-3158.

Limitations: Issues submitted regarding employees of other City of Harrisburg Departments or employees of any Police Agency other than the City of Harrisburg Police Bureau will not be investigated through this process. If you have comments or concerns regarding employees of any other Department or Agency, please make your concerns known to the leadership of that Department or Agency.

Right-to-Know Requests: If you wish to submit a request for information covered by the Right-to-Know law you may find a form and policy information at our public information portal https://www.powerdms.com/public/HarrisburgBP/.

City Ordinance: This process is governed by City of Harrisburg Ordinance 3-301 which can be viewed at https://ecode360.com/HA1391.

10/2021

HARRISBURG BUREAU OF POLICE							
Citizen's Complaint or Compliment Form CONTINUATION SHEET / HOJA DE CONTINUACIÓN							
Log Number:	Citizen's Name / Nombre del Ciudadano:	Incident Number:					
Date of Report:		Page #: of					
Description Conti	nued / Descripción Continuada:						