

York Police Department
York, SC

ALLEGATION OF EMPLOYEE MISCONDUCT REPORT

Date and time report received: _____

I. Complaint

Name: _____ Age: _____ Sex: _____

Home Address: _____

Phone Number: _____

Business Address: _____

Business Phone: _____

II. Employee involved in the complaint

Name: _____ Rank: _____

I.D. Number: _____ Assignment: _____

III. Complaint

Date and time of incident: _____

Location of incident: _____

Nature of complaint: _____

Statement of complaint: _____

Signature of Complainant

Reporting Officer

York Police Department
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Affirmation

I, _____, do hereby affirm that the foregoing information provided by me is true and complete to the best of my knowledge and belief. I understand that any false, misleading or untrue statements, accusations or allegations, herein made by me, either orally or in writing, to any person(s) investigating this complaint, may subject me to civil and/or criminal prosecution. I realize that it may become necessary, during the investigation of this complaint, for me to meet with member(s) of the York Police Department to discuss this complaint, either in the presence or absence of the accused department member(s) at the discretion of the department. I hereby accept the premise that if any action is initiated through a court or administrative hearing, as a result of my complaint my testimony before these hearings maybe required. I hereby agree to make myself available to the aforementioned court or administrative hearing when requested to do so.

Signed: _____ This _____ day of _____ 20____.
In the County of York, City of York, South Carolina

Witness

Witness

Complaint Reception Receipt

The York Police Department hereby acknowledges the receipt of a complaint filed against one of its member(s) on _____ by _____
(Date) (Name of Complainant)
Of _____
(Address of the complainant)

Your complaint will be brought to the attention of the Chief of Police and he will assign a special investigator to gather all of the facts. Once the investigator has filed his report, it will be carefully reviewed by Command Personnel, including the Chief of Police and final disposition will be made. A representative of the York Police Department will notify you as to the final disposition of your complaint, usually within a period of thirty (30) days from the date shown below.

Date

Signature of Officer accepting complaint

****Return this form in person or by mail to the City of York Human Resources, care of Cindy Wyatt.
Address: 10 N. Roosevelt St. York, SC 29745**

