

Assumption University Department of Public Safety

Commendation and Complaint Process

➢ If you feel that a member of DPS went above and beyond for you, and you would like to let us know, ask to speak with the Supervisor or an Officer in Charge so we can officially recognize the employee.

If you feel you have been mistreated in any way, ask to speak with the Supervisor or Officer in Charge. This will initiate the investigative process.

- You will be provided a Complaint Control Form to document your complaint and facilitate an investigation.
- > Any complaint against any DPS employee(s) will be fully investigated.
- Your complaint will be acknowledged in writing.
- > You will be notified in writing of the outcome. There are four possible conclusions of fact:
 - 1. <u>Unfounded</u> The act did not occur or did not involve DPS employees.
 - 2. <u>Exonerated</u> The Act did occur but employee actions were proper and not found to be in violation of Department regulations.
 - 3. <u>Not Sustained</u> The investigation did not reveal any information that would prove or disprove the allegation(s).
 - 4. <u>Sustained</u> The investigation revealed that there are sufficient facts to clearly support the allegations made in the complaint.
- ➢ If you have any questions about this process, please contact Steven Carl, Associate Vice President for Public Safety at Ext. <u>7267</u> or <u>sb.carl@assumption.edu</u>

Assumption University Police Department Complaint Control Form

Complaint #: (Assigned by	/ IAU)	Type of Complaint					C	Original to: Associate V.P. for Public Safety / Chief				
	Bias Conduct Alleged: Yes; No_				Copy to: Div			mplainant at time of complaint vision of Police Standards (POST)				
Date of Complaint	Time of Co	mplaint	Day:		,	How ComplaintIn PersonMailEmail Was ReceivedTelephoneOtherOnlinePOST(DPS					POST(DPS)	•
Date of Occurrence	Time of Occurrence Day:					Location of Incident (#, Street, City)						
Complainant (last, first, M)						Address (#, Street, City, St, & Zip Code)						
Phone: (Home) Sex:Male						Race A	ge D).O.B.	М	arried: Yes	No	
Result of:Parking ComplaintArrest												Date:
Narrative:												
										(continu	ue on reverse if n	ecessary)
<u>WARNING:</u> False statements made on this form are punishable under the pains and penalties of perjury. A fine up to \$500 and imprisonment for up to one year shall punish whoever knowingly and intentionally makes a FALSE REPORT of a crime on this form.												
Complaina	ant Should Sig	n at End o	f Narrative:									
Complaina	ant's Parent or	Guardian	if Complain	nant is	under (<18) Eightee	en:					
(1.) Name of Employee Complained Against:						Badge No. / Employee ID No.			POST-C Certification Identification No.			
Sex:Male Race:A; _	O.B. / Age	B. / Age Heigh			Weight	В	uild	Hair		Eyes		
I: (2.) Name of Employee Co	nst:				Badge No. / Employ		ree ID No	ee ID No. POST-C (Certification Identification No.		
						. ,						
Sex:Male		Height			Weight	В	uild	Hair		Eyes		
(1.) Name of Witness:					Address	;						
Phone	Sex:Male Fem		Race			Age		D.O.B		Marr	ied:Yes No	
(2) Name of Witness: Addres						1		1		•		
Phone Sex:Male Race Female					Age		D.O.B		Marr	Married:Yes No		
Signature of Supervisor Receiving Complaint								I.D. No.		Tour	of Duty	
Superior Officer Assigned to Investigate Complaint								•	I.D. No.	•		
Internal Affairs Notified:YesNo Notified by:							Time)	D	ate		