



Community Oversight Board Complaint Form

For filing a complaint against a State College Police Department employee or policy.

Would you like help filling out this form? Yes No

If your report includes child abuse, physical harm or the threat of physical harm, by law, the Civilian Oversight Board must share your complaint with the State College Police Department.

To submit a complaint anonymously, omit your name in Section 1, but give us a way to contact you. If you provide a phone number or email address, the Community Oversight Board (COB) can follow up to get any more information that may be needed. We accept complaints from outside agencies or third parties reporting on behalf of others.

Are you filing this complaint on behalf of another person? Yes no

(Section 1) Your Information (please print)

Your Name: (last name, first name, middle initial) _____

Name of organization if filing on behalf of a client _____

Address (city, state, zip) _____

Phone number: Home: () _____ Cell: () _____ Email _____

(Section 2) Information about the incident:

It would be helpful, but not required, if you could describe yourself (or the person you are filing for) in this incident with regard to gender and racial or ethnic background.

Gender (for example: male, female, transgender, non-binary) _____ Decline _____

Racial/Ethnic Background _____

Please print when answering the following:

Location: _____

Date of Incident: (month, date, year) _____ Time of incident _____ a.m. p.m.

Name of SCPD Officer/Employee (if known) _____

Badge number (if known) _____ Description of Officer/Employee _____

Gender: _____ Racial/Ethnic Background _____

Names of any others who saw what happened, and their phone numbers or emails.

Is there any audio, video or photos of the incident that you can share with us? Yes No

If yes, what is available? Video Audio Photo

Please give the names of anyone who has the video, audio, or photos, and how we can get in touch with them:

Please continue on the next page.

