

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?

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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 \sum No \sum 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.

Description of incident*: Please explain what happened. Use more paper if needed.					
The Community Oversight Board exists to ensure professional and accountable law enforcement for the citizens of the State College area. If you have any questions, please contact us at (814) 234-7100 or ccp@statecollegepa.us					
We rely on the honesty of the person filing this complaint. Please review your statement before signing. I					
hereby certify that the information in this complaint is true and correct to the best of my knowledge and belief.					
Signature: Date					
SUBMIT					

After you press the Submit button, your complaint will be immediately emailed to the Community Oversight Board and reviewed during normal business hours. Thank you for reaching out to us.