



PA Capitol Police Department

Suite 70E, Capitol East Wing, Harrisburg, Pennsylvania 17125



Personnel Complaint Form, GSPS-85

1. Please complete and print this form.
2. Contact the Pa State Capitol Police Department's Office of Professional Responsibility at 717-346-9733 to give notification that you are ready to formalize your complaint. Voice mail is available 24/7. Your call will be returned at the earliest opportunity.
3. After notification of your formal complaint, an assigned investigator will contact you to schedule an interview appointment. Bring your completed form to this interview to be **signed in the presence of the investigator or have the form notarized** and sent to the Office of Professional Responsibility, Suite 70E, Capitol East Wing, Harrisburg, PA 17125.
4. Please note, the investigative process takes time. The investigator will contact you periodically to update you on the investigation. You will also be provided contact information for the investigator should you have any questions or concerns. At the conclusion of the investigation process, you will receive a letter indicating the investigation results.

This Section Is For Office Of Professional Responsibility Use Only

Date Complaint Received: _____

Investigator: _____

Investigator Phone Number: _____

Administrative Case #: _____



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CONTACT INFORMATION: (Please print)

DATE: _____ TIME: _____

NAME: (Last, First, Middle)

RESIDENCE ADDRESS

PHONE #

EMPLOYMENT ADDRESS

PHONE #

EMAIL

ALTERNATE PHONE #

INCIDENT LOCATION: (Please print)

DAY OF WEEK

DATE

TIME

INCIDENT LOCATION

COMPLAINT AGAINST ACTIONS OF OFFICER(S) EMPLOYEE(S) INVOLVED

WITNESS INFORMATION: (Please print)

NAME

PHONE #

ADDRESS

