

**CUMBERLAND POLICE DEPARTMENT
MISCONDUCT COMPLAINT FORM**

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Type or print legibly. All complaints received against the Cumberland Police Department or its employees regardless of source (written, in person, by phone, or anonymous) will be investigated. The original *Misconduct Complaint Report* is to be forwarded within 24 hours from time of receipt to the Office of Professional Standards. The Commanding Officer or Supervisor receiving the complaint shall conduct an initial investigation into the allegation(s) in accordance with department policy and shall forward the entire complaint form(s) to the Office of Professional Standards.

Date of complaint:	Time of complaint:	Case #:	IA #
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Name of Commanding Officer/Supervisor receiving complaint:	ID #
Name of investigating supervisor (if different from above):	ID #

Origin of complaint:

▶ By phone	▶ In person	▶ In writing
▶ Anonymous	▶ Outside Agency (Identify) _____	

Complainant's Name:	Date of birth: (Optional)
Home Address:	Home phone:
City, State, Zip:	Work phone: (Optional)
Occupation: (Optional)	Place of employment: (Optional)
Witness(es):	
1. Name: _____ Address: _____ Phone#: _____	
2. Name: _____ Address: _____ Phone#: _____	

