

XAVIER UNIVERSITY POLICE DEPARTMENT

COMPLAINT FORM

Date of incident: _____ Time of incident: _____ AM/PM

Location of incident: _____

Officer's Name and Badge Number: _____

COMPLAINT INFORMATION

Name: _____

Sex: _____ Race: _____ DOB: _____ SSN: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Select one: Faculty Staff Student Visitor

Select one: FR SO JR SR GR Resident Commuter

Witness Name: _____ Phone #: _____

Details (Use Additional Sheets If Necessary)

Signature of Complainant: _____ Date: _____

All complaints will be reviewed and investigated within 14 days. It is a violation of Ohio Revised Code Section 2921.15 to file a false complaint against a police office. All false complaints will be prosecuted to the fullest extent of the law.

MISSION STATEMENT
 Xavier University Police Department serves our university valuing and protecting all through one mission embracing constitutional rights, diversity, community, and justice, with integrity and discipline. Striving for both individual and organizational excellence, we commit to improving the quality of life for those we serve while providing and protecting a safe community where all may thrive.

DEPARTMENT VALUES
 We value human life, constitutional rights, individual differences and contributions, sense of community, integrity, purposefulness, openness, justice, discipline, individual and organizational excellence and being caring.