COLUMBIA UNIVERSITY SECURITY
SERVICE COMPLAINT REPORT

REPORTED TIME: _____ **DATE** _____

PERSON RECEIVING COMPLAINT _____ **P.C. #** _____

HOW COMPLAINT MADE: **PERSON** _____ **MAIL** _____ **PHONE** _____

COMPLAINANT'S SURNAME _____ **FIRST** _____

ADDRESS _____ **APT#** _____ **PHONE#** _____

PERSON COMPLAINED ABOUT _____ **SHIELD** _____

TIME OCCURRED _____ **DATE** _____ **LOCATION** _____

DETAILS OF COMPLAINT _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Complainant (if present) **Signature of person receiving complaint**

INSTRUCTIONS:

1. All entries on this form are to be completed by Security personnel receiving complaint.
2. Have complainant review this completed report for accuracy and have them sign form.
3. Advise complainant that he/she shall be contacted by a member of the staff.
4. Complainant shall be given a copy of this report whenever possible.
5. Officer in charge of shift will conduct initial investigation and prepare a report and attach it to this complaint.