

MURRAY STATE UNIVERSITY POLICE DEPARTMENT

COMPLAINT/INQUIRY FORM

**101 Police Building
Murray, KY 42071
Tel: (270) 809-2222
Fax: (270) 809-3692**

**Email complaints to:
msu.policedept@murraystate.edu**

To Be Completed by MSU Police Staff

Name | Rank Assigned to Investigate

Incident / Cad No.

Date & Time Complaint Received

Handled as Inquiry?

To Be Completed by Investigator

IA No.

Date & Time Complaint Received

Received: In Person | Fax | E-mail | U.S. Mail |
Other (please specify below):

Complainant's Name – Last, First, Middle

Faculty, Staff, Student, or Other?

Date of Birth

Gender

M#, if applicable

Home Address

Home Telephone Number

Email Address

Cell Number

Alternate Contact Information

Date of Incident

Location of Incident

Time of Incident

Day of Week Incident
Occurred

Police Vehicle No. / Description

Employees Involved *(name, badge number, assigned shift, if known)*

Physical Description of Officer(s) *(hair and eye color, height, sex, race/ethnicity, etc.)*

Describe Injuries *(if any)*

Where Treated *(name of hospital, doctor, etc.)*

Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident *(including other police officers)*

Preferred Language of Communication *(if other than English)*

