Transylvania University Department of Public Safety

Citizen Complement/Complaint Form

The Department of Public Safety (DPS) is committed to professionalism, accountability, and integrity. Any member of the public or University community may use this form to report concerns or complaints regarding DPS employees or operations.

Instructions:

- This form may be submitted in person at the DPS Office (439 W. 4th St., Lexington, KY).
- Forms may also be submitted electronically via the DPS website or emailed/mailed to the Director of Public Safety/ Chief of Police.
- Anonymous complements and complaints will be accepted, but the ability to follow up may be limited.
- Retaliation for filing a good-faith complaint is prohibited under university policy.

Section I – Provider of Compliment/Complaint Information

(You may leave blank to remain anonymous)

- Name: _____
- Phone Number: _____
- Email: _____
- Address: _____
- Affiliation (circle one): Student | Faculty | Staff | Visitor | Other: _____

Section II – Incident Details

- Date of Incident: _____
- Time of Incident: _____
- Location of Incident: _____

DPS Employee(s) Involved (if known):

Description of Incident:
(Please provide as much detail as possible, including names of witnesses, specific actions, and any statements made. Use additional pages if needed.)

Were there any witnesses?
☐ Yes ☐ No
If yes, provide names and contact information (if known):

Do you have evidence (photos, video, documents)?
☐ Yes ☐ No
If yes, please describe and attach if possible:

Section III – Desired Outcome if Complaint

What outcome or action do you hope to see from this complaint?

Section IV – Signature

I affirm that the information provided is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

☐ I wish to remain anonymous (do not sign).

For Department Use Only

- Complement/Complaint Received By: _____
- Date Received: _____
- Disposition:
  ☐ Recongition given/Chief Notified_____

  ☐ Sustained
  ☐ Not Sustained
  ☐ Exonerated
  ☐ Unfounded

Supervisor Review/Signature: _____ Date: _____