



INSTRUCTOR COMPLAINT - FORM 28

1. OFFICER'S NAME (COMPLAINT FILED AGAINST):

Last First

2. DATE OF INCIDENT: _____ TIME: _____ AM PM

3. LOCATION OF TRAINING: _____

4. COURSE: _____

5. NAME (S) OF OTHER INSTRUCTORS PRESENT?

6. WAS ANYONE INJURED? PROVIDE DETAILS BELOW.

NARRATIVE

(Describe events as specifically as possible)

(Use additional sheets if necessary)

INSTRUCTOR NAME (FILING COMPLAINT): _____

INSTRUCTOR SIGNATURE: _____

CONTACT INFORMATION: _____

Send the completed Incident Report to:
Executive Director | Training Division
County Probation and Parole Officers' Firearm Education and Training Commission
1101 South Front Street | Suite 5600
Harrisburg, Pennsylvania 17104-2522
Fax: 717.705.1778 | Email: gyoung@pa.gov