pennsylvania
COMMISSION ON CRIME
AND DELINQUENCY

ACT 49 CONSTABLE TRAINING GRIEVANCE

DIRECTIONS FOR COMPLETING AND SUBMITTING THIS GRIEVANCE FORM:

1. This form is to be used *only* for matters directly related to Act 49 constable training and certification.

2. Please fill-in the information requested. Mandatory fields are marked with an asterisk (*).

3. Attach copies of any pertinent documentation supporting your grievance.

4. Sign and date and mail or fax the completed form with any documentation to the address below.

BUREAU OF TRAINING SERVICES
PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY
P.O. BOX 1167
HARRISBURG, PENNSYLVANIA 17108-1167
FAX: (717) 783-7140

ON-LINE USE: To insure proper filling-out of this form on-line, use the Tab key to advance to the next line or block. When entering dates, separate month, day and year; for example, MMMM d, yyyy. Print the completed form, sign and date it, enclose any documentation, and mail or fax to the PCCD at the address above.

DATE* _____

GRIEVANT'S INFORMATION (PERSON MAKING GRIEVANCE)

NAME* _____
Last First MI

CONSTABLE CERTIFICATION NUMBER _____

ADDRESS* _____

TELEPHONE NUMBER* _____

ALTERNATE TELEPHONE _____

E-MAIL ADDRESS _____

PERSON OR ORGANIZATION AGAINST WHOM GRIEVANCE IS MADE

NAME* _____
Last First MI

ORGANIZATION* _____

ADDRESS* _____

TELEPHONE NUMBER* _____

ALTERNATE TELEPHONE _____

E-MAIL ADDRESS _____

PLEASE COMPLETE REVERSE SIDE

This form is to be used *only* for matters directly related to Act 49 constable training and certification. Please state your reasons for making this grievance. Describe the incident completely, the events leading up to it, and how you have tried to resolve it. Be specific and give details, including the time, date, place, and how the incident occurred. Provide the names and contact information of any witnesses. Use additional sheets if necessary. Enclose supporting documentation.

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GRIEVANT'S UNDERSTANDING AND SIGNATURE

My signature confirms that I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to the penalties provisions of 18 Pa C.S. §4904 relating to sworn falsification to authorities. I authorize the Pennsylvania Commission on Crime and Delinquency to examine any records, documents, or any other information necessary to resolve this grievance.

_____ _____
Signature of Applicant* **Date***

FOR PCCD USE ONLY:

RECEIVED _____/_____/_____ REVIEWED _____/_____/_____ A ____ D ____ INITIAL

BOARD _____/_____/_____