

WHITPAIN TOWNSHIP POLICE DEPARTMENT
CITIZEN COMPLAINT

COMPLAINANT

NAME: _____

ADDRESS: _____

PHONE NOS.: (H) _____ (W) _____ (C) _____

E-MAIL ADDRESS: _____

AGE: _____ D.O.B.: _____ SEX: M _____ F _____

COMPLAINT FILED: DATE _____ TIME _____

INCIDENT

TYPE OF INCIDENT: _____ INCIDENT NO.: _____

OCCURRED: DAY _____ DATE _____ TIME _____

LOCATION OF OCCURRENCE: _____

WITNESSES TO INCIDENT

1.) NAME: _____

ADDRESS: _____

PHONE NOS.: (H) _____ (W) _____ (C) _____

AGE: _____ D.O.B.: _____ SEX: M _____ F _____

2.) NAME: _____

ADDRESS: _____

PHONE NOS.: (H) _____ (W) _____ (C) _____

AGE: _____ D.O.B.: _____ SEX: M _____ F _____

3.) NAME: _____

ADDRESS: _____

PHONE NOS.: (H) _____ (W) _____ (C) _____

AGE: _____ D.O.B.: _____ SEX: M _____ F _____

ACCUSED OFFICER(S)

NAME

BADGE NO.

- 1.) _____
- 2.) _____
- 3.) _____

Were there other Officers present? Yes No

NAME

BADGE NO.

- 1.) _____
- 2.) _____
- 3.) _____

Were other departments involved? Yes No

OFFICER'S NAME

DEPARTMENT

- 1.) _____
- 2.) _____
- 3.) _____

What was the reason for the initial contact with the complainant? _____

Are there related reports, Citations, etc. associated with this matter? Yes No
If yes, list below and attach copies of same, if available.

RELATED INCIDENT REPORT NO.: _____

TRAFFIC CITATION NO.: _____ NON-TRAFFIC CITATION NO.: _____

CRIMINAL COMPLAINT: _____

Did complainant make a written statement? Yes No.

CITIZEN STATEMENT

DATE: _____

STATEMENT BY: _____

TIME STARTED: _____ TIME FINISHED: _____

NARRATIVE (PAGE 1)

Please list, in as much detail as possible, the incident that led you to file this complaint.

SIGNATURE OF COMPLAINANT

This complaint is filed with the knowledge that it is made subject to the sanctions associated with Crimes Code § 4904, which relates to Unsworn Falsification to Authorities, a Misdemeanor of the Second Degree, and Crime Codes §4906, which relates to False Reports to Law Enforcement Authorities, a Misdemeanor of the Second Degree.