

POTTSTOWN POLICE DEPARTMENT - CIVILIAN COMPLIANT REPORT

(FOR POLICE DEPARTMENT USE ONLY) INTERNAL INVESTIGATION TRACKING #

DATE AND TIME RECEIVED HOW RECEIVED? SIGNATURE OF OFFICER\PD PERSONNEL RECEIVING COMPLAINT

DATE AND TIME OF INCIDENT LOCATION CONTROL # (IF APPLICABLE)

COMPLAINANTS NAME LAST FIRST HOME ADDRESS APT. / FLOOR

TELEPHONE # CELL PHONE# E-MAIL ADDRESS

NAME OF PERSON(S) WITH WHOM YOU ARE RESIDING:

EMPLOYER'S NAME BUSINESS ADDRESS TELEPHONE # YOUR OCCUPATION

REPRESENTATIVE / INTERPRETER / PERSON ASSISTING ADDRESS TELEPHONE#

CHECK BOX IF ASSISTANCE WAS USED
(*SIGNATURE OF ASSISTING PERSON REQUIRED - SEE)

NAME OF POLICE DEPARTMENT MEMBER(S) COMPLAINT IS REGARDING: BADGE #
(If unknown, please provide description of officer / civilian, time of day/night, type of duty performed, ie;foot, auto, detective, etc.) (If known)

DATE AND TIME OF OCCURRENCE LOCATION

WITNESS NAME(S) ADDRESS APT. / FLOOR RELATIONSHIP TELEPHONE#

INSTRUCTIONS FOR COMPLAINANT: PREPARE THIS REPORT IN YOUR OWN HANDWRITING OR IN THE HANDWRITING OF THE PERSON ASSISTING YOU. YOU WILL RECEIVE WRITTEN CKNOWLEDGMENT REGARDING RECEIPT OF THIS COMPLAINT. AN INVESTIGATING OFFICER WILL COMMUNICATE WITH YOU IN THE NEAR FUTURE RELATIVE TO THE INVESTIGATION OF YOUR COMPLAINT. NOTE: THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED AND SIGNED AND VERIFIED OR NOTARIZED.

(OVER)

*SIGNATURE OF PERSON ASSISTING COMPLAINANT DATE

