

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.

