WHITPAIN TOWNSHIP POLICE DEPARTMENT CITIZEN COMPLAINT

COMPLAINANT

NAM	E:			
ADDI	RESS:			
PHO	NE NOS.: (H)	(W)	(C)	
E-MA	AIL ADDRESS <u>:</u>			
		0.O.B.:		
СОМ	PLAINT FILED: DAT	E	TIME	
		INCIDENT	-	
TYPE	OF INCIDENT:		INCIDENT	NO.:
occ	URRED: DAY	DATE	Т	IME
LOCA	ATION OF OCCURREN	NCE:		
		WITNESSES TO IN	NCIDENT	
1.)	NAME:			
	ADDRESS:			
		(W)		
	AGE:	D.O.B.:	SEX: M	F
2.)	NAME:			
		(W)		
	AGE:	D.O.B.:	SEX: M	F
3.)	NAME:			
	PHONE NOS.: (H)	(W)	(C)	
	AGE:	D.O.B.:	SEX: M	F

ACCUSED OFFICER(S)

<u>NAME</u>	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 If yes, list below and attach copies of same, if available.	s No		
RELATED INCIDENT REPORT NO.:			
AFFIC CITATION NO.: NON-TRAFFIC CITATION NO.:			
CRIMINAL COMPLAINT:			
Did complainant make a written statement? Yes No.			

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CITIZEN STATEMENT

DATE:					
STATEMENT BY:					
TIME STARTED:	TIME FINISHED:				
<u>N</u>	ARRATIVE (PAGE 1)				
Please list, in as much detail as possible, the incident that led you to file this complaint.					

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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.

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