DALLAS TOWNSHIP POLICE DEPARTMENT

PO BOX518 RT309, DALLAS PA 18612 ♦ (570) 674-2000 FAX (570) 675-7877

Citizen Complaint Form

Complainant's Name: _____ **Phone:** _____ or _____

Address: _____

Witnesses Name: _____ **Phone:** _____ or _____

Name of Officer Receiving Complaint, _____ **Date/Time:** _____

Nature of Complaint: _____

Type of Incident: _____

Location: _____ **Date/Time**: _____

Synopsis: _____

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Additional page(s): YES ☐ NO ☐ Number of Pages: _____

I verify that the facts set forth on this page are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa. C.S. Section 4904) relating to unsworn falsification to authorities.

Complaint from must be signed and dated by complainant. If not signed there will **NOT** be any investigation into the complaint.

_____

Signature of Complainant Date

***** For Department Use Only *****

☐ Investigated by Supervisor: ☐ Sustained ☐ Not Sustained ☐ Unfounded ☐ Exonerated

☐ Referred for I.A. by: _____ Date: _____ Incident No. _____

Complainant Notified: YES ☐ Date: _____ Officers Involved Notified: YES ☐ Date: _____