



# DALLAS TOWNSHIP POLICE DEPARTMENT

PO BOX 518 RT 309, 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: \_\_\_\_\_