

Abington Township Police Department

Complaint Against Department Member

Citizen Complaint Number	Date of this Report
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Name of Complainant (Please Print).	Date of Birth	Social Security No.
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Address	Home Phone
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	Other Phone Contact
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Incident Complaint Number	Date and Time of Incident	Location Where Incident Occurred
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Name of Person(s) You Are Complaining About, If Known. 1.	2.
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3.	4.
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Have You Reported This To Anyone Previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, Whom:	Date
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Persons Who Actually Saw Event

Name	Address	Phone Number
	Home	
	Home	
	Home	
	Home	
	Home	

Print Summary of Occurrence:
(Summary Continued on Other Side)

Person Receiving Complaint	Employee Number	Person Completing Summary	Date	Time
Professional Standards Investigation Use Only: Assigned To:			Date:	Due:

CONTINUATION OF SUMMARY

Lined area for providing the continuation of the summary.

I hereby attest that the information that I have provided is true and correct to the best of my knowledge and belief

Please Read Before Signing
I understand that it is a violation of PCC 4904 relating to Unsworn Falsification to make any written false statement which is I do not believe to be true. In the event the report is proven to be false, the information may be provided to the District Attorney for possible prosecution.
Signature of Complainant

To Complainant: You should receive a copy of this form. You will be contacted regarding your complaint. If you have any questions you may contact the Chief of Police by mail or telephone.

Mailing Address: Chief of Police
Abington Township Police Department
1166 Old York Road
Abington, PA 19001
Telephone: 267-536-1061