



## OFFICER / PERSONNEL COMPLAINT

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE/TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

OFFICER(S) / PERSONNEL INVOLVED (if known): \_\_\_\_\_

WITNESS(ES) (NAME & PHONE): \_\_\_\_\_

**COMPLAINT NARRATIVE / SYNOPSIS OF INCIDENT**  
(Describe incident and nature of complaint in detail.)

**Additional Pages Attached:                      YES                      NO**

I hereby certify that there are no misrepresentations, omissions, or falsifications in the above statement or information. This statement is true, complete, and correct to the best of my knowledge, belief, and understanding. I understand that any false or misleading information contained herein will subject me to the penalties as prescribed by 18 Pa. C.S.A. § 4904, relating to Unsworn Falsification to Authorities, and/or other applicable offenses. My signature below shall serve as authorization to release any information and records, including medical, necessary to investigate this complaint and releases all parties from any civil claims.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE / TIME

**SUBMIT OR MAIL COMPLETED ORIGINAL FORM TO THE CHIEF OF POLICE  
HILLTOWN TOWNSHIP POLICE DEPARTMENT P. O. 260, HILLTOWN, PA 18927**