

Complainant Information:	
Complainant:	Phone #:
Address:	Cell #:
Witness:	Phone #:
Address:	Cell #:
Nature of Complaint:	
Type of Incident:	Date:
Location:	Time:
Officer/Personnel Involved:	
Complaint Details:	
<i>Additional Pages Attached</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Attest:	
<p>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 and if not, may subject me to the below penalties:</p> <p>18PaCS 4904(b)- Unsworn Falsification to Authorities- A person commits a misdemeanor of the third degree, if he/she makes a written false statement which he/she does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable by law.</p> <p>18PaCS 4906(b)- False Reports to Law Enforcement Authorities A person commits a misdemeanor of the second degree, if he/she knowingly gives false information to any law enforcement officer with intent to implicate another.</p>	
_____ (Complainant Signature)	_____ (Date)
Departmental Use:	
Officer Receiving Complaint:	Date/Time: