

UPPER BURRELL TOWNSHIP POLICE DEPARTMENT

CITIZEN COMPLAINT FORM

Name of Citizen _____ Address _____

Phone Number (Home) _____ (Cell) _____

Date Complaint Occurred _____ Time Complaint Occurred _____

Location Complaint Occurred _____

Name of Employee(s) Involved _____

Witness(es) _____ Phone Number _____

Facts and Details of Complaint Must Be Hand Written:



Signature of Citizen _____

Sworn and subscribed before me this _____ day of _____, 20__.

Notary Public _____

Date Complaint Filed with Department

Disposition