Harrisburg Police Department

Citizen Complaint Statement

Date: _____ Professional Standards Case #:_____

Complainant's Name: _____

Complainant's Address: _____

City: _____State: _____Zip: _____

Home Ph#_____ Work Ph#_____ Cell #_____

Type of Allegation: _____

Location of Occurrence: _____

Date of Occurrence: _____Time: _____☐ am ☐ pm

Employee(s) Allegedly Involved: _____

_____

Witness(s):

Name: _____Address:_____Phone_____

Name: _____Address:_____Phone_____

Name: _____Address:_____Phone_____

Description of Allegation/Statement of Complaint

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Turn in to Administration

Citizen Complaint Statement
(Continued)

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(If more space is needed, use back of form or attach a supplement)

COMPLAINT AFFIRMATION

I, _____do hereby affirm that the foregoing information is true and complete to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements or writing to any person(s) investigating this complaint, may subject me to civil prosecution by the accused.

I further realize that it may become necessary during the investigation of this complaint for me to meet with a member(s) of the Harrisburg Police Department to discuss this complaint; either in the presence of absence of the accused department member(s) at the discretion of the department.

I hereby accept the premise that if any action is initiated through a court or administrative hearing as a result of my complaint, my testimony before the hearing may be required. I hereby agree to make myself available to aforementioned court or administrative hearing when requested to do so.

Complainant's Signature: _____

Related Incident Report Case # (attach copy) _____

Receiving Officer: _____ Date: _____

Reviewed by: _____Rank:_____

Turn in to Administration