

## **SANDY TOWNSHIP POLICE**

1094 Chestnut Ave., DuBois, Pennsylvania 15801 Phone: 814-371-4220 Fax: 814-371-2573 Dispatch: 814-765-1533



## **Citizen Complaint**

## Instructions:

- 1. The person alleging misconduct and or improper procedures must complete the form
- 2. Complete with as many details as possible and sign
- 3. Return the completed form in person (Monday-Friday, 8:00 am 4:00 pm), via mail, Sandy Township Police Department, 1094 Chestnut Ave. DuBois, PA 15801, or electronic submission on the police department website.

<b>Complainant Information</b>	ո (Please Print)։			
Name:			Date of Birth:	
Phone:				
Address:				
Officer(s) Involved:				
Officers Name:			Badge #:	
Officers Name:			Badge #:	
Officers Name:			Badge #:	
Date of Incident:		_ Time of Incider	nt:	
Incident # (if known):		Location:		
Specific Nature of Compla	aint:			



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<u>Citizen Complaint (cont'd):</u>	
Witness Information:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
written false statement which he/she does not authorized by law, to the effect that false state	its a misdemeanor of the third degree, if he/she makes a ot believe to be true, on or pursuant to a form bearing notice, tements made therein are punishable. (Title 18 PA C.CS., on Falsifications to Authorities & False Reports to Law
Pursuant to Title 18 PA C.S., Section 4904 and	4906, Unsworn Falsification to Authorities & False Reports to
Law Enforcement Authorities, I	do hereby swear that
the above statements against	are to the best of my
knowledge true and correct and do accurately	reflect the incident on the above stated date and time.
investigated in accordance with the Standard (	d/or improper procedure by the above named officer(s) be Operating Procedures of the Sandy Township Police Department. ditional statements to investigators and attend public hearings
regarding this matter, and that my failure to di	o so will result in distriissal of this complaint.
Signature of Complainant	Date
Signature of Witness	Date
Signature of Witness	Date