

YORK CITY POLICE DEPARTMENT CITIZEN COMPLAINT REPORT

<p>INSTRUCTIONS – This report will be completed by the complainant and discussed with the commanding officer on duty, who will attempt to resolve the complaint by calling the members involved to the station to discuss the matter with the complainant. If the complaint is resolved to the complainant's satisfaction, they will so indicate by signing this form. If not, this form will be forwarded to the Inspectional Services Division with the lower portion detached and given to the complainant as a receipt.</p>	<p>FOR OFFICIAL USE ONLY</p> <p>FORM NUMBER _____</p> <p>INCIDENT NUMBER _____</p> <p>DATE REPORTED _____</p> <p>TIME REPORTED _____</p>		
Complainant's Name (Last, First, Middle)	Address	Phone	
Name of Person with Whom Residing	Address	Phone	
Employer's Name	Business Address	Phone	
Representative, Interpreter, or Person Assisting	Address	Phone	
Names of Public Safety Personnel Involved If unknown, give any other identifying information such as shield number, description, vehicle number, type of duty performed, etc.			
Names of Witnesses	Relationship	Address	Phone
Date of Incident	Time of Incident	Location of Incident	
USE REVERSE SIDE TO RECORD DETAILS OF THE COMPLAINT			
<p>I have read and understand this Complaint, and swear that it is true and correct under penalty of perjury (Pa Crimes Code, Sections 4906/4903)</p>			
DISPOSITION:		<p>_____</p> <p>Signature of Complainant</p>	
<p><input type="checkbox"/> Resolved to Complainant's Satisfaction</p> <p><input type="checkbox"/> Meeting with member(s) involved is scheduled for _____</p> <p><input type="checkbox"/> Refer to Inspectional Services Division</p>		<p>_____</p> <p>Complainant will sign if completely satisfied</p>	
		<p>_____</p> <p>Signature and Rank of Commanding Officer</p>	
<p>IN THE EVENT THAT THE COMPLAINT IS NOT SATISFIED, THE BELOW PORTION OF THE COMPLAINT WILL BE DETACHED AND GIVEN TO THE COMPLAINANT AS A RECEIPT</p>			