

## WEST POTTSGROVE TOWNSHIP POLICE DEPARTMENT

980 Grosstown Road Stowe, PA 19464

Phone: 610-323-2090 Fax: 610-323-9338

policeinfo@westpottsgrove.org

## **COMMENDATION COMPLAINT**

Instructions: If you wish to bring the conduct of a West Pottsgrove Township Police Officer to the attention of the Chief of Police, favorable or otherwise, please do so by providing as much of the information requested on this form as possible. Depending upon the nature of your comments, you may be contacted to provide further information. If you do not provide contact information it will not be possible to obtain further details from you or to inform you of the result of our inquiry.							
Date (Month, date, year):	Complain ID No. (For police use only,	Complain ID No. (For police use only):					
Your Contact Information							
Last name:	First name:	М.І.		Date of Birth:			
Street Address & Apt. No.:	City:	State:		Zip Code:	Zip Code:		
Telephone Number:	Email Address:	Race:		Sex:			
Information about the incident							
Nature of Incident:				Police Incident No. (if known):			
Location of Incident:				Date of Incident:	Time of Incident:		
Officer(s) or employee(s) Involved (Name, badge number, description, etc.):					cident?		
Nature of Action: (Check all that apply)							
Helpful and Caring					ourteous or disrespectful		
Courageous		□ False arrest		Vulgar language			
Polite & professional     Uishly Mativated		Unlawful search		Sloppy appearance			
Highly Motivated		□ Dishonesty			<ul> <li>Incompetent</li> <li>Other</li> </ul>		
Responsive		Corruption		51			
Provide a detailed narrative of the incident on the following page. If the complaint involves verbal abuse or rudeness, state the specific term, phrase, or language considered to be offensive. If the complaint concerns dissatisfaction with an							
investigation or other police service, explain what action or omission was unacceptable.							

Please print clearly. Provide as much detail as possible. If necessary, duplicate this form and continue on additional pages.					
I understand that if I knowingly make any false statements herein, I am subject to penalties prescribed by law. Under Section					
4904 of the Pa. Crimes Code, Unsworn falsification to authorities, a person commits a misdemeanor of the third degree if					
he makes a written false statement whi					
Signature:	Print name:	Date (Month, day, year):			
Signature of receiving officer (if applicable):	Print name:	Date (Month, day, year):			