

WEST POTTS GROVE TOWNSHIP POLICE DEPARTMENT

980 Grosstown Road Stowe, PA 19464
 Phone: 610-323-2090 Fax: 610-323-9338
policeinfo@westpottsgrovepd.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):
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Your Contact Information

Last name:	First name:	M.I.	Date of Birth:
Street Address & Apt. No.:	City:	State:	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:
Officer(s) or employee(s) Involved (Name, badge number, description, etc.):	Time of Incident:
Officer(s) or employee(s) Involved (Name, badge number, description, etc.):	Is there a recording of the incident? (If so, describe):
Officer(s) or employee(s) Involved (Name, badge number, description, etc.):	Is there a recording of the incident? (If so, describe):
Officer(s) or employee(s) Involved (Name, badge number, description, etc.):	Is there a recording of the incident? (If so, describe):

Nature of Action: (Check all that apply)

<input type="checkbox"/> Helpful and Caring <input type="checkbox"/> Courageous <input type="checkbox"/> Polite & professional <input type="checkbox"/> Highly Motivated <input type="checkbox"/> Responsive	<input type="checkbox"/> Excessive force <input type="checkbox"/> False arrest <input type="checkbox"/> Unlawful search <input type="checkbox"/> Dishonesty <input type="checkbox"/> Corruption	<input type="checkbox"/> Discourteous or disrespectful <input type="checkbox"/> Vulgar language <input type="checkbox"/> Sloppy appearance <input type="checkbox"/> Incompetent <input type="checkbox"/> Other
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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 which he does not believe to be true.

<i>Signature:</i>	<i>Print name:</i>	<i>Date (Month, day, year):</i>
<i>Signature of receiving officer (if applicable):</i>	<i>Print name:</i>	<i>Date (Month, day, year):</i>