

**SUMPTER TOWNSHIP POLICE DEPARTMENT**



**Citizen Complaint**

Written Statement Form

**COMPLAINT INFORMATION**

**COMPLAINT TRACKING NUMBER (internal use only):** \_\_\_\_\_

DATE OF INCIDENT :		TIME OF INCIDENT:	
INCIDENT LOCATION:			
SUPERVISOR RECEIVING COMPLAINT:		PRINTED NAME:	
RECEIPT FORM PROVIDED TO COMPLAINANT: <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE:	

**COMPLAINANT INFORMATION**

NAME (LAST, FIRST)		DATE OF BIRTH:	
GENDER:	RACE:	HISPANIC OR LATINO <input type="checkbox"/>	
ADDRESS STREET:			
CITY:	STATE:	ZIP:	
PRIMARY PHONE:		SECONDARY PHONE:	
EMAIL ADDRESS:			

**Details of Complaint**


(ADD ADDITIONAL PAGES IF NEEDED / PLEASE SIGN BELOW) Page \_\_\_\_\_ of \_\_\_\_\_

COMPLAINANTS SIGNATURE:	DATE:
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