



LANCASTER CITY BUREAU OF POLICE
CIVILIAN COMPLAINT FORM
 39 WEST CHESTNUT ST – LANCASTER, PA 17603
 (717) 735-3300



INSTRUCTIONS: Please complete this form with as much detail as possible and return to the Professional Standards Office or Desk Sergeant.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

REPRESENTATIVE/PERSON ASSISTING IN COMPLETION OF COMPLAINT (If Applicable) _____

PHONE _____ OTHER PHONE _____

Are you a city resident? YES or NO If not, please provide us with additional contact information and how long you will be in the Lancaster area.

Contact information or who you are staying with _____

How long will you be in the Lancaster area (Years, Months, Weeks, or Days)?

Date/Time of Occurrence _____ Date of Complaint _____

Location Occurred _____

Names and/or badge numbers of officers involved (If known/If unknown please provide a description).

Details: (Please explain your complaint; include names and contact information of witnesses and any other factual or supporting information. Attach additional pages if necessary.)

THE UNDERSIGNED HEREBY VERIFIES THAT THE STATEMENTS MADE IN THE FOREGOING COMPLAINT ARE TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA. C.S. 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE OF COMPLAINANT

SIGNATURE OF PERSON ASSISTING COMPLAINANT
(IF APPLICABLE)

DATE

DATE

FOR POLICE DEPARTMENT USE ONLY			
TIME	DATE REPORTED	LOCATION WHERE RECEIVED	COMPLAINT #
INDICATE ANY ADDITIONAL FORMS OR ENTRIES MADE IN DEPARTMENTS RECORDS WITH DATES			
RANK	SIGNATURE OF PERSON/ STAFF MEMBER RECEIVING CIVILIAN COMPLAINT FORM		Number of Pages Received