# City of Philadelphia
# POLICE ADVISORY COMMISSION

**P.O. Box 147**
**Philadelphia, PA 19105-0147**
**215-686-3991**

**Complaint Declaration and Verification**

I, _____, do hereby declare as follows:
(Print Name)

1. I am the complainant in the attached Citizen's Complaint/Report (hereinafter Complaint):
2. I understood the intent and meaning of the questions or information requested for completion of the Complaint as stated in English on the form.
3. I completed and submitted the Complaint to the Police Advisory Commission (hereinafter Commission) for purposes of filing a complaint against either a Philadelphia Police Office or personnel of the Philadelphia Police Department;
4. I acknowledge that the rules and procedures of the Police Advisory Commission, including the meaning and purpose of this Declaration, were explained to me by a Commission employee and that I was given the opportunity to ask questions and/or obtain written copies of the rules and procedures. I also acknowledge that I understood the explanation provided to me.
5. I submit the Complaint and this Declaration to the Commission of my own free will and not at the urging, suggestion or recommendation of any employee or member of the Police Advisory Commission;
6. I understand that the Complaint and Declaration, jointly and severally, will be accepted for all purposes as the equivalents of affidavits. I further understand that if either the Complaint or the Declaration contains a materially false statement that I may be subject to a charge and penalty for perjury.

**I HEREBY SWEAR/AFFIRM** that the information that I have provided in the attached Complaint and in this Declaration is true.

_____ _____
COMPLAINT# Signature

_____
Notary Public

_____
Date