COMPLAINT#

CITIZEN'S COMPLAINT/REPORT

(1) Complainant's Name

(2) Address (If your address changes, please contact PAC at 215-686-3991)

(3) Zip Code

(4) Employer/School

(5) Phone Number Home
(6) Phone Number Business

7)Emergency Phone#
8) Email Address:

(9) Age (10) Race (11) Sex (12) Date of Birth (13) Social Security #:

(14) Location of Incident_____(15) District of Incident_____

(16) Date of Incident_____(17) Time of Incident_____(AM/PM)

(18) Describe Incident in Detail_____

(Use Continuation Sheet if necessary)

(19) State name, address, phone number(s) of witness(es), if known _____

(20) Name/Badge# of Officer(s)_____ (21) Car Number _____

KNOWLINGLY PROVIDING FALSE INFORMATION WILL VOID THIS COMPLAINT AND MAY SUBJECT YOU TO A CHARGE OF PERJURY

Signature of Complainant_____

(TO BE COMPLETED BY THE POLICE ADVISORY COMMISSION)

Date/Time Received_____ Intake Person _____Source_____

City of Philadelphia
Police Advisory Commission
P.O. Box 147
Philadelphia, PA 19105-0147
215-686-3991