



City of Philadelphia
POLICE ADVISORY COMMISSION

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

DECLINATION of AUTHORIZATION

I, _____, by my initials and signature below, do not
(Print Name)
authorize the Police Advisory Commission (Commission) to release and refer a copy of my
complaint, No. _____, together with such investigatory file
materials and documents to the following:

_____ To the Internal Affairs Division (IAD) of the Philadelphia Police Department.
(initials)

_____ To any other agency of the City or County of Philadelphia having jurisdiction
(initials) of the subject matter of the complaint, including but not limited to the
District Attorney's Office, the City Solicitor's Office, Human Relations
Commission and Licenses and Inspections.

_____ To any State or Federal agency having jurisdiction of the subject matter of
(initials) the complaint, including but not limited to the State Attorney General, or
the U. S. Attorney's Office.

I do authorize the release, without notice to me, of such information and/or documents
from my complaint and/or investigatory file as may be required to identify the target
officer(s) and any necessary witness (peripheral) officer.

Signature: _____

Date: _____