

**CITIZEN'S COMPLAINT AGAINST POLICE  
COATESVILLE CITY POLICE DEPARTMENT**

Signature of Person Receiving Complaint \_\_\_\_\_ Date and Time \_\_\_\_\_

**CITIZEN MAKING COMPLAINT TO COMPLETE BALANCE OF REPORT AND HAVE NOTORIZED**

Complainant's Name (Last, First, MI) \_\_\_\_\_

Address (include city, state, zip) \_\_\_\_\_

Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Name of Alleged Victim: \_\_\_\_\_

Address \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

Address \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Names of Other Witnesses:	Addresses:	Phone:
1. _____	_____	H: _____ W: _____
2. _____	_____	H: _____ W: _____
3. _____	_____	H: _____ W: _____

Name(s) of Officer(s) Complained Against (If Known):

1. \_\_\_\_\_ 2. \_\_\_\_\_

Description of Officer(s):

1. Rank _____	Height _____	Weight _____	Hair _____	Eyes _____
Sex: M _____ -or- F _____	Age _____	Race _____	Other _____	
2. Rank _____	Height _____	Weight _____	Hair _____	Eyes _____
Sex: M _____ -or- F _____	Age _____	Race _____	Other _____	

State What Occurred/ If More Room is Required, Use Back Side of This Form: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Above Information is True and Correct.

Signature of Complainant \_\_\_\_\_ Date and Time Complaint Made \_\_\_\_\_