



CITIZEN'S COMPLAINT AGAINST POLICE
CITY OF COATESVILLE POLICE DEPARTMENT

Signature of Person Receiving Complaint From _____ Date _____

COMPLAINANT TO COMPLETE BALANCE OF FORM AND HAVE NOTARIZED

Complainant's Name (Last, First, MI) _____

Address (City, State, Zip) _____

Age _____ Race _____ Sex _____ Date of Birth _____ Phone _____

Name of Alleged Victim: _____

Address: _____

Address of Incident: _____

Date of Incident: _____ Time of Incident: _____

Name of Attorney: _____ Phone: _____

Names of Witnesses: _____ Address: _____ Phone: _____

1. _____

2. _____

3. _____

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

1. Rank _____ Height _____ Weight _____ Hair _____ Eyes _____

Sex: M or F _____ Age _____ Race _____ Badge # _____ Other _____

2. Rank _____ Height _____ Weight _____ Hair _____ Eyes _____

Sex: M or F _____ Age _____ Race _____ Badge # _____ Other _____

State What Occurred/ If More Room is Required, Use Back Side or Additional Paper: _____

SIGNATURE: _____
DATE AND TIME COMPLAINT MADE: _____

NOTARY: _____