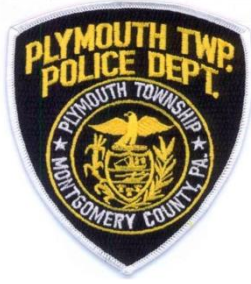


Step 1: Download Form

Step 3: Fill out form (Signature at bottom is optional)

Step 2: Open form in Adobe Reader

Step 4: Press the "Submit" button found at the top or bottom of page to send as email



PLYMOUTH TOWNSHIP POLICE
DEPARTMENT
700 Belvoir Road
Plymouth Meeting, PA 19462
Tel: (610) 279-1901
Fax: (610) 279-9974
www.plymouthtownship.org

COMPLAINT FORM

1. I A Number

To Be Completed by PTPD Staff

2. Date & Time Complaint Received

To Be Completed by PTPD Staff

3. Received By:

In Person; Fax; E-mail; U.S.Mail;
PTPD; Other Specify:

To Be Completed by PTPD Staff

5. Complainant's Name- Last, First, Middle		6. Date of Birth		7. Age		8. Gender		9. Race, Ethnicity or N.O.	
10. Home Address						11. Home Telephone Number			
12. Work Address				13. Occupation		14. Work Telephone Number			
15. Other Means of Contacting Complainant (<i>cell phone, page, e-mail, Friend, etc.</i>)				16. General Nature of Incident					
17. Location of Incident									
18. Day of Week Incident Occurred		19a. Date of Incident		19b. Time of Incident		20. Witnesses			
21. Officers Involved (<i>name, badge number, police district, if known</i>)						22. Police Vehicle No./ Description			
23. Physical Description of Officer(s) (<i>hair and eye color, height, sex, race/ethnicity, etc.</i>)									
24a. Describe Injuries (<i>if any</i>)					24b. Where Treated (<i>name of hospital, doctor, etc.</i>)				
25. Preferred Language of Communication (<i>if other than English</i>)									
26. Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident (<i>including other police officers</i>)									

(Please continue on the reverse side)

