		1. I A Number		
PLYMOUTH TOWNSH				
DEPARTMEN				
700 Belvoir Road		<i>To Be Completed by PTPD Staff</i> 2. Date & Time Complaint Received		
	Plymouth Meeting, PA 19462			
Tel: (610) 279-19				
Fax: (610) 279-99	974			
www.plymouthtownship.org		To Be Completed by PTPD Staff		
MERY CON		3. Received By:		
COMPLAINT FORM		In Person; Fax; E-mail; U.S.Mail;		
		PTPD; Other Specify:		
5. Complainant's Name-Last, First, Middle	6. Date of Birth 7. Age	To Be Completed by PTPD Staff   8. Gender 9. Race, Ethnicity or N.O.		
5. Complainant's Tvalle-Last, First, Middle	0. Date of Bitti 7. Age	8. Gender 9. Kace, Edimetry of 10.0.		
		11 H T 1 1 N 1		
10. Home Address		11. Home Telephone Number		
12. Work Address	13. Occupation	14. Work Telephone Number		
		· · · · · · · · · · · · · · · · · · ·		
15. Other Means of Contacting Complainant (cell phone, page, e-mail Friend, etc.)	<i>l</i> , 16. General Nature of Incide	nt		
17. Location of Incident				
17. Location of incident				
18. Day of Week 19a. Date of Incident 19b. Time of Inc	ident 20. Witnesses			
Incident Occurred				
21. Officers Involved (name, badge number, police district, if known)		22. Police Vehicle No./ Description		
21. Onicers involved (name, budge number, police district, if known)		22. Fonce Venicle No./ Description		
23. Physical Description of Officer(s) (hair and eye color, height, sex, n	race/ethnicity, etc.)			
24a. Describe Injuries (if any)	24b. Where Treated (name	of hospital, doctor, etc.)		
25. Preferred Language of Communication (if other than English)				
26 Name(a) Talankana Number(a) ar Contrast Information for Other Devile Device the Institute (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				
26. Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident (including other police officers)				

(Please continue on the reverse side)

Complainant's Name-Last, First, Middle		IA Number PTPD
		To Be Completed By PTPD Staff
27. Describe the Incident:		
Attach Additional Pages if Necessary	Page of	
28. Complainant's Certification		
I hereby certify that to the best of my knowledge, and under penalty of perjury, the statements made herein are true.		
Complainant's Signature	Date	
Compramant's signature	Dait	