

Erie Police Department Citizen Complaint Form

| No Co letter of | | | | | D.1 | n' al | | Control Control No. 1981 | |
|--|---------|---------------------|-----------------|---------------|-----------------------------------|---------------|--|--------------------------|--|
| Name of Complainant | | | | | Date of | Birth | | Social Security Number | |
| | | | | | | | | | |
| A.I.I | | | | | DI | | | | |
| Address | | | | | Phone Number | | | | |
| | | | | | | | | | |
| City, State, Zip | | | | | Alternative Phone Number or email | | | | |
| | | | | | | | | | |
| ncident Number: (If Known) Location where incident | | | occurred | | Date & Time Occurred | | | | |
| | | | | | | | | | |
| | Nar | mes of Officers, Ba | adge Numb | pers and/or (| ar Assign | ment | | | |
| 1. | | | 2. | | | | | | |
| 3. | | | 4. | 4. | | | | | |
| Persons Who Actually Witnessed the Event | | | | | | | | | |
| Name | Address | · | | | | Phone Number | | | |
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| I accused the named members or employees of the City of Erie Police Dept. of misconduct and/or improper procedure based on the facts contained within this Citizen Complaint Form. I formally request that the incident be investigated in accordance with the Erie Police Dept. Rules, Regulations and Procedures. I understand that I may be required to give additional statements to investigators, attend public hearings and that my failure to do so, could result in dismissal of the complaint. I declare that the above statement is true and correct. I understand that providing a false statement, which is intended to mislead a public servant in the performance of their official function, is punishable under Pennsylvania Law PCC 4904 relating to Unsworn Falsifications. | | | | | | | | | |
| Signature of Complainant | | | | | Date | | | | |
| | | | | | | | | | |
| OFFICIAL USE ONLY: | | | | | | | | | |
| Officer Receiving Complaint: | | Badge Num | lge Number Date | | | Time | | | |
| | | | | | | | | | |
| Office of Professional Standards | | | | | | | | | |
| Assigned Investigator | | | | | | Date Received | | Internal Tracking No. | |
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| Summary of Incident: Please be as detailed as possible. | Use additional pages if necessary. |
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