

City of Erie Bureau of Police CITIZEN COMPLAINT FORM



Instructions:

1. Complete with as many details as possible
2. Return the completed form to the Erie Bureau of Police, either in person, or by mail addressed to:
Chief of Police - 626 State Street Rm 111 - Erie, PA 16501

COMPLAINANT INFORMATION		This form is to be completed by the person making the complaint.		
LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	
HOME PHONE	WORK PHONE & EXTENSION		OTHER CONTACT NUMBER	
ADDRESS		TOWN / CITY	STATE	ZIP

OFFICER(s) INVOLVED					
OFFICER'S NAME	BADGE #	CAR #	OFFICER'S NAME	BADGE #	CAR #
OFFICER'S NAME	BADGE #	CAR #	OFFICER'S NAME	BADGE #	CAR #
OFFICER'S NAME	BADGE #	CAR #	OFFICER'S NAME	BADGE #	CAR #

WITNESS INFORMATION			
LAST NAME	FIRST NAME	M.I.	PHONE
ADDRESS		TOWN / CITY	STATE ZIP
LAST NAME	FIRST NAME	M.I.	PHONE
ADDRESS		TOWN / CITY	STATE ZIP
LAST NAME	FIRST NAME	M.I.	PHONE
ADDRESS		TOWN / CITY	STATE ZIP
LAST NAME	FIRST NAME	M.I.	PHONE
ADDRESS		TOWN / CITY	STATE ZIP
LAST NAME	FIRST NAME	M.I.	PHONE
ADDRESS		TOWN / CITY	STATE ZIP

INCIDENT DETAILS		Please be as specific and detailed as possible.
DATE OF INCIDENT	TIME OF INCIDENT	INCIDENT # (if known)
LOCATION OF INCIDENT		

NATURE OF COMPLAINT

Continue on the reverse side. Be sure to sign the complaint.

