



## CITY OF JOHNSTOWN – POLICE DEPARTMENT

Report of Complaint

CR# \_\_\_\_\_

### CITIZEN COMPLAINT FORM

This form should be used to register a complaint against any employee (Officer or Civilian) of the Johnstown Police Department whose conduct, behavior, or action is considered improper, unnecessary or inappropriate.

Please print all information clearly and legibly on the spaces provided so the Department's investigation into your allegations can proceed. If you need assistance in completing this form, please contact the Chief of Police. You will be contacted at a later time with regard to your complaint.

### COMPLAINT INFORMATION

_____ Your Name	_____ Today's Date
_____ Your Address – Street	_____ City/State/Zip Code
_____ Telephone (Work & Home)	_____ Day/Date/Time of Incident
_____ Location of Incident	_____ Report/Incident Number (If Known)
Employee Involved (If Known) _____ Name/Address/Phone	
Witness to Incident (If Any) _____ Name/Address/Phone	

### COMPLAINT SUMMARY

In your own words, please describe your complaint and the alleged actions of the employee(s) in question. Be detailed and specific. Please include in your complaint summary any injuries suffered. \_\_\_\_\_

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**(Use and attach additional sheets as needed)**

I, \_\_\_\_\_, verify that the statements made in the forgoing complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein made are subject to the penalties of 18 PA C.S. 4906 relating to false reports to Law Enforcement Authorities.

Signature of Complainant \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR DEPARTMENT USE ONLY</b>	
Signature of employee receiving form _____	Date _____
Unit/ Bureau Assignment: _____	
Complaint Resolved _____	Complaint requires additional Follow up _____
Chief of Police Signature _____	

**Please return the form to the attention of the City Manager, City Hall, 401 Main Street, Johnstown, PA 15901**