



100 Young Street \* Hanover Township, PA. 18706 \* (570)826-3059 FAX (570)826-3056

### Citizen/Agency/Inter-Departmental Complaint Form

Complainant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ or \_\_\_\_\_

Address: \_\_\_\_\_

Witness name: \_\_\_\_\_ Phone \_\_\_\_\_ or \_\_\_\_\_

Employee receiving complaint: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Nature of complaint: \_\_\_\_\_

Type of incident: \_\_\_\_\_

Location: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Synopsis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Page(s): YES \_\_\_ NO \_\_\_ Number of Pages: \_\_\_\_\_

**I verify that the facts set forth on this page are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of section 4904 of the PA Crimes Code (18 Pa. C.S. Section 4904) relating to unsworn falsification to authorities.**

Complaint form must be signed and dated by complainant.  
If not signed there will NOT be any investigation into the complaint. \_\_\_\_\_  
Signature of Complainant Date

#### \*\*\*For Departmental Use Only\*\*\*

\_\_\_ Investigated by Supervisor: \_\_\_ Sustained \_\_\_ Not Sustained \_\_\_ Unfounded \_\_\_ Exonerated

\_\_\_ Referred to Management by: \_\_\_\_\_ Date: \_\_\_\_\_ Incident # \_\_\_\_\_

Complainant Notified: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_ Employee Involved Notified Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_