

Delaware County Park Police Official Complaint Form

Complainant

First Name* _____

Middle _____

Last Name* _____

Street Address* _____

City* _____

State* _____

Zip Code* _____

Age _____

Date of Birth _____

Gender _____

Race _____

Occupation _____

Phone Number* _____

Email Address* _____

Alleged Victim of Incident

Full Name _____

Phone Number _____

Email Address _____

Street Address _____

City _____

State _____

Zip Code _____

Person Assisting Complaint

Full Name _____

Phone Number _____

Email Address _____

Street Address _____

City _____

State _____

Zip Code _____

Witnesses

Witness 1

Full Name _____

Phone Number _____

Email Address _____

Street Address _____

City _____

State _____

Zip Code _____

Witness 2

Full Name _____

Phone Number _____

Email Address _____

Street Address _____

City _____

State _____

Zip Code _____

Officer(s) Complained Against

Officer 1

Full Name _____

Rank _____

Badge # _____

Uniform _____

Transportation _____

Vehicle Number _____

License Plate _____

Height _____

Weight _____

Hair _____

Eyes _____

Gender _____

Age _____

Race _____

Additional Details

Officer 2

Full Name _____

Rank _____

Badge # _____

Uniform _____

Transportation _____

Vehicle Number _____

License Plate _____

Height _____

Weight _____

Hair _____

Eyes _____

Gender _____

Age _____

Race _____

Additional Details

Detailed Description of Complaint

Date of Incident* _____

Time of Incident* _____

Location of Incident* _____

Detailed Description of Incident*

Confirmation

I hereby confirm that the above information is true and correct.

Signed* _____

Date* _____