Delaware County Park Police Department 201 West Front Street Media, PA 19063

COMPLAINT AGAINST DEPARTMENT MEMBER

Date:				
Your Na	ame – Please Print		E-Mail Address	
Street Address			City, State, Zip Code	
Cell/Mobile Phone #			Home Phone #	
Date and Time of Incident			Location Where Incident Occurred	
Name(s) of Persons Involved			Officer Name(s) – Badge Number(s) if known	
(-	,,		(-)(-)(-)	
Summa	ry of Occurrence – Plea	se Print:		
			(Cont. on other side)	

(Cont. from page 1)	
Signature	Date
Please return this form in person	, via e-mail, or by mail to the location listed above.
The Delaware County Park Polic receipt of this form (not including	e Department will respond to you within 3 days of weekends or holidays).
Please check your preferred met	hod of contact:
Phone	E-Mail AddressMailing Address
This will permit a more comprehe	much specific information about this incident as possible. nsive review of this matter. All persons who file a syee are notified of the results of the investigation.
Received By:	Date-Time:

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