Cheltenham Township Police Department
Citizen Complaint Form

PLEASE PRINT CLEARLY

Please print your name:			Date of Birth:
Your address:			
Home Phone:	Cell Phone:	E-mail:	

Involved Persons: If the person filing this report was **not** the person mistreated, please list **their** name(s) and addresses below:

NAME ADDRESS PHONE NUMBER

Witnesses to the event:

NAME ADDRESS PHONE NUMBER

Police Officers or Non-Sworn personnel involved: If you don't have the name of the officer(s), please provide a badge number or a description of the officer/employee involved.

EMPLOYEE NAME(S), BADGE NUMBER(S), CAR NUMBER(S) or DESCRIPTION(S)

Date of Occurrence:	Time:	Location:

Please provide a brief account of what occurred below. Use additional pages if necessary.

Narrative continued: