City of New Castle
Police Department

303 East North Street
New Castle, Pennsylvania 16101
724.656.3570

POLICE COMPLAINT FORM

PERSON MAKING COMPLAINT

_____ _____ _____ _____ _____ _____ _____ _____
Last Name First Name M.I. Sex Race DOB Drivers License# State of DL

_____ _____ _____ _____ _____
Address City State Zip Area Code Telephone #

INCIDENT IN QUESTION

_____ _____ _____
Date of Incident Time of Incident Name of Officer Involved

_____ _____ _____ _____ _____
Name of Person directly affected by this Incident Sex Race Date of Birth Driver's License#

How was this person affected (Arrested, Citation, Jailed, Injured, Questioned and Released) other _____

What is your standing to make this complaint Please Circle one Choice (Person affected, Concerned Citizen, Parent)

other_____

What did the Officer do that prompted you to make this complaint; (Violated a Law-Be Specific-, Made Illegal Stop, Conducted Illegal Search, Used Profanity, Used Unnecessary Force, Was Rude in dealing with the Public, other_____)
(Circle One Response)

WITNESSES THAT HAVE DIRECT KNOWLEDGE OF THIS INCIDENT (IF NONE SO STATE)

_____ _____ _____ _____ _____ _____ _____
Last Name First Name M.I. Sex Race DOB Drivers License#

_____ _____ _____ _____ _____
Address City State Zip Area Code Telephone #

_____ _____ _____ _____ _____ _____ _____
Last Name First Name M.I. Sex Race DOB Drivers License#

_____ _____ _____ _____ _____
Address City State Zip Area Code Telephone #

ACTION YOU ARE REQUESTING (TERMINATION, SUSPENSION, WARNING, NONE REQUESTED) Please circle Response
Please write a brief narrative of your complaint in the space provided on the back of this form. ANY FALSE STATEMENTS MADE MAY BE SUBJECT TO PROSECUTION UNDER PERJURY, FALSE REPORT OR CIVIL STATUTES. UNDER PENALTY OF PERJURY THE UNDERSIGNED SWEARS THAT THE FACTS CONTAINED ON PAGE ONE, TWO, AND ALL ATTACHMENTS OF THIS DOCUMENT, ARE WITHIN THEIR PERSONAL KNOWLEDGE AND ARE TRUE AND CORRECT.

_____
Signature of Complainant Page

POLICE COMPLAINT FORM

NARRATIVE REPORT

Under Penalty of Perjury the undersigned swears that the facts contained on page one , two, and all attachments of this document are within their personal knowledge and are true and correct.

_____	_____	_____
Signature of Complaint	**Signature of City Official Receiving Complaint**	**Date Received**

On the _____ day of _____ 20 ___ personally appeared _____ who on their oath stated the above facts were true and correct.

_____ **(Seal)**

Notary