



**Gettysburg Borough Police
Department**
CIVILIAN COMPLAINT FORM
59 E. High St.
Gettysburg, PA 17325
717-334-1168

Rita Frealing
Mayor

R.W. Glenny, Jr
Chief of Police

INSTRUCTIONS: Please complete this form with as much detail as possible and return to the Police Department Front Desk.

NAME

PHONE

ADDRESS

CITY

STATE

ZIP

EMAIL

OTHER PHONE

REPRESENTATIVE/PERSON ASSISTING IN COMPLETION OF COMPLAINT (If Applicable)

Are you a Borough resident? YES or NO If not please provide us with additional contact information and how long you will be in the Gettysburg area.

Contact information or who you are staying with _____

How long will you be in the Gettysburg area (Years, Months, Weeks, or Days)?

Date/Time of Occurrence _____ Date of Complaint _____

Location Occurred _____

Names and/or badge numbers of officers involved (If known/If unknown please provide a description).

Details: (Please explain your complaint; include names and contact information of witnesses and any other factual or supporting information. Attach additional pages if necessary.)

THE UNDERSIGNED HEREBY VERIFIES THAT THE STATEMENTS MADE IN THE FOREGOING COMPLAINT ARE TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA. C.S. 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES and 18 PA. C.S. 4906 RELATED TO FALSE REPORTS TO LAW ENFORCEMENT AUTHORITIES.

SIGNATURE OF COMPLAINANT

SIGNATURE OF PERSON ASSISTING COMPLAINANT
(IF APPLICABLE)

DATE

DATE

FOR POLICE DEPARTMENT USE ONLY

TIME	DATE REPORTED	LOCATION WHERE RECEIVED	
RANK SIGNATURE OF PERSON/ STAFF MEMBER RECEIVING CIVILIAN COMPLAINT FORM			Number of Pages Received