

Step 1: Download Form  
 Step 2: Open form in Adobe Reader

Step 3: Fill out form (Signature at bottom is optional)  
 Step 4: Press the "Submit" button found at the top or bottom of page to send as email



**NORTH WALES BOROUGH  
 POLICE DEPARTMENT**  
 300 School Street  
 North Wales, PA 19454  
 Tel: (215) 699-4424  
 Fax: (215) 699-3991  
 northwalesborough.org

**COMPLAINT FORM**

1. IA Number

*To Be Completed by PD Staff*

2. Date & Time Complaint Received

*To Be Completed by PD Staff*

3. Received By:

In Person; Fax; E-mail; U.S. Mail;  
 PD; Other Specify:

*To Be Completed by PD Staff*

5. Complainant's Name- Last, First, Middle		6. Date of Birth		7. Age		8. Gender		9. Race, Ethnicity or N.O.	
10. Home Address						11. Home Telephone Number			
12. Work Address				13. Occupation		14. Work Telephone Number			
15. Other Means of Contacting Complainant ( <i>cell phone, page, e-mail, Friend, etc.</i> )				16. General Nature of Incident					
17. Location of Incident									
18. Day of Week Incident Occurred		19a. Date of Incident		19b. Time of Incident		20. Witnesses			
21. Officers Involved ( <i>name, badge number, police district, if known</i> )						22. Police Vehicle No./ Description			
23. Physical Description of Officer(s) ( <i>hair and eye color, height, sex, race/ethnicity, etc.</i> )									
24a. Describe Injuries ( <i>if any</i> )					24b. Where Treated ( <i>name of hospital, doctor, etc.</i> )				
25. Preferred Language of Communication ( <i>if other than English</i> )									
26. Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident ( <i>including other police officers</i> )									

(Please continue on the reverse side)

