



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)

