

**PLUM BOROUGH POLICE DEPARTMENT
COMPLAINT VERIFICATION**

CONTROL NUMBER

COMPLAINT INFORMATION

1. NAME	FIRST	M.I.	LAST	
HOME ADDRESS	STREET/P.O. BOX			
	CITY			
	STATE	ZIP	HOME TELEPHONE NO.	WORK TELEPHONE NO.
3. REMARKS	PROVIDE A DETAILED NARRATIVE OF THE INCIDENT. IF THE COMPLAINT INVOLVES VERBAL ABUSE OR RUDENESS, STATE THE SPECIFIC TERM, PHRASE, OR LANGUAGE CONSIDERED TO BE OFFENSIVE. IF THE COMPLAINT CONCERNS DISSATISFACTION WITH AN INVESTIGATION OR OTHER POLICE SERVICE, EXPLAIN WHAT ACTION OR OMISSION WAS UNACCEPTABLE. IF ADDITIONAL SPACE IS NEEDED, USE THE REVERSE SIDE.			

I AFFIRM THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION OR BELIEF

4. SIGNATURE

5. DATE