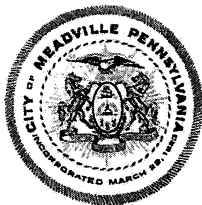


894 DIAMOND PARK
MEADVILLE, PA 16335



PHONE: 814-724-6000
FAX: 814-333-3353

City of Meadville Pennsylvania

Office of: Chief of Police

CITIZEN COMPLAINT FORM

1. Complainant's Name _____
2. Complainant's Address _____
City, State, Zip code _____
Complainant's Phone Number _____
3. Location of Occurrence _____
4. Date of Incident _____ Time of Incident _____
5. Witness's Name _____
Witness Address _____
Witness's Phone Number _____
6. Name of Officer Involved _____
Badge Number _____ Car Number _____
7. Summary of Allegation: (use additional page if necessary)

8. Complainant's Signature _____
9. Interviewing Officer's Signature _____
10. Supervisor Reviewing Report Signature _____
11. Disposition of Complaint

