



## **South Strabane Twp Police Complaint Form Instructions**

**Blocks #1 through #5 are mandatory.**

**Block #1- NAME- Full Name**

**Block #2- ADDRESS- Address and Contact Information**

**Block #3- Remarks- Please provide a description of the events leading up to your initial contact with SSPD personnel. When describing the incident, thoroughly detail the events surrounding your complaint, including the date, day of the week, time of day AND alleged misconduct by SSPD personnel. Please include the names, addresses, and telephone numbers of any witnesses who were present. If your complaint involves verbal abuse, rudeness, or other mistreatment, please specify the language or other mistreatment.**

**If an arrest has been made by the SSPD, complaint forms filed with the Chief of Police will be investigated separately from the offenses alleged by criminal arrest, and have no impact on such cases. Criminal cases must be adjudicated before the appropriate judicial authority, and all criminal defendants are entitled to due process.**

**Block #4- SIGNATURE- An original signature must be on the Complaint Form**

**Block #5- DATE- Date form was signed.**

**Questions regarding the status of your complaint may be directed to the Chief of Police at 724-225-8111 or by mail at:**

**South Strabane Twp Police Department  
Chief of Police  
9 Smith Dr.  
Washington, PA 15301**



## SOUTH STRABANE TWP POLICE COMPLAINT FORM

--

### COMPLAINANT INFORMATION

1. <b>NAME</b>	FIRST	M.I.	LAST
2. <b>HOME ADDRESS</b>	STREET/P.O. BOX		
	CITY	STATE	ZIP
	PRIMARY TELEPHONE NO.	WORK TELEPHONE NO.	E-MAIL
3. <b>REMARKS</b>	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
--------------	---------

