



LEHMAN TOWNSHIP POLICE DEPARTMENT

1183 OLD 115 HWY., DALLAS PA 18612 ♦ (570) 675-1483 FAX (570) 674-4939

Email - police@lehmantwp.com

Citizen Complaint Form

Complainant's Name: _____ **Phone:** _____ or _____

Address: _____

Witnesses Name: _____ **Phone:** _____ or _____

Name of Officer Receiving Complaint: _____ **Date/Time:** _____

Nature of Complaint: _____

Type of Incident: _____

Location: _____ **Date/Time:** _____

Synopsis: _____

Additional page(s): YES NO **Number of Pages:** _____

I verify that the facts set forth on this page are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa. C.S. Section 4904) relating to unsworn falsification to authorities.

Complaint form must be signed and dated by complainant. If not signed there will **NOT** be any investigation into the complaint.

This form must be hand delivered to the LTPD by complainant.

Signature of Complainant Date

*** For Department Use Only ***

Investigated by Supervisor: Sustained Not Sustained Unfounded Exonerated

Referred for I.A. by: _____ Date: _____ Incident No. _____

Complainant Notified: YES Date: _____ Officers Involved Notified: YES Date: _____

Effective: January 1, 2021