

Complaint #: _____

REPORT FOR INVESTIGATION

Date: _____

Greensburg Police Department

Complainant: _____ Date of Birth: _____

Address: _____ City & State: _____ Zip : _____

Telephone#: _____ Social Security #: _____

Date of Incident: _____ Time of Incident: _____

Complaining Against: _____ Date of Birth: _____

Address: _____ City & State: _____ Zip : _____

Telephone#: _____ Social Security #: _____

Exact place where incident occurred: _____

Names and addresses of witnesses: _____

Was this incident reported to a police agency? _____

When & Where? _____

This affiant, being duly sworn, hereby makes a **COMPLAINT** for the following reasons:

List any evidence you have other than witnesses: _____

If your complaint involves bodily injury, describe any medical treatment including the name of the physician and receipts of medical expenses: _____

I affirm under penalties of perjury that this statement is the truth.

Signature of Complainant

POLICE AGENCY ACTION - Greensburg Police Department

Interviewed Victim _____

Written Statement Attached _____

Interviewed Witnesses _____

Written Statement Attached _____

Other Evidence Available

Comments

Police Recommendation

Recommendation By:

_____ File Charges of:

Law Enforcement Officer

___ Complaint without merit

___ Evidence insufficient for charges

___ Complaint involves civil dispute

___ Prosecutor's warning letter appropriate

___ Matter should be handled informally by Prosecutor's office

___ Other: _____

Prosecutor's Disposition _____
