

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 \_\_\_\_\_

---

---

---

---