



## COMPLAINT AGAINST A DEPARTMENT MEMBER

NORTHERN REGIONAL POLICE DEPARTMENT

SERVING COMMUNITIES OF PINE, MARSHALL, BRADFORD WOODS, AND RICHLAND

**Instructions:** Please provide as much specific information about this incident as possible. This will permit a more comprehensive review of this matter.

DATE	INCIDENT NUMBER (if known)
YOUR NAME	EMAIL ADDRESS
ADDRESS	
CELL/ MOBILE #	HOME PHONE #
DATE OF INCIDENT	TIME OF INCIDENT
LOCATION OF INCIDENT	
NAME OF PERSON(S) INVOLVED	OFFICER NAME(S) – BADGE NUMBER(S) (if known)
SUMMARY OF OCCURRENCE	

(CONT. ON OTHER SIDE)



## COMPLAINT AGAINST A DEPARTMENT MEMBER

NORTHERN REGIONAL POLICE DEPARTMENT

SERVING COMMUNITIES OF PINE, MARSHALL, BRADFORD WOODS, AND RICHLAND

(CONT. FROM PAGE 1)

Please return this form either in person, via email ([bdewick@nrpolice.com](mailto:bdewick@nrpolice.com)), or by mail to: Northern Regional Police Department, Attn: Chief Bryan DeWick, 230 Pearce Mill Rd, Wexford, PA 15090.

The Northern Regional Police Department will **respond to you as soon as practicable**. All persons who file a complaint and the accused employee are notified of the results of the investigation.

Any person who **knowingly** makes any false or fictitious statement or files a false or fictitious report may be prosecuted criminally and may be subject to civil liability.

*By submitting this form, I verify that the facts set forth in this statement 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. § 4904) relating to unsworn falsification to authorities.*

SIGNATURE	DATE
-----------	------

----- FOR OFFICE USE ONLY -----

RECEIVED BY

NAME	TITLE	DATE	TIME
------	-------	------	------