

Northern Berks Regional Police Department
Citizen / Member Complaint / Compliment Form

Complainant / Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No's: (Home) _____ Mobile: _____

Date of Birth: _____ Age: _____

Gender: _____ Race: _____ (Optional)

Complaint Filed Date: _____ Time: _____

INCIDENT

Type of Incident: _____

Incident No: _____

Date Occurred: _____

Time: _____

Location of Occurrence: _____

OFFICER(S) INVOLVED

Officer: _____

Officer: _____

Officer: _____

Officer: _____

WITNESSES TO INCIDENT

1). **Name:** _____

Address: _____

Phone No Home: _____ Mobile: _____

Date of Birth: _____ Age: _____ Gender: _____

2). **Name:** _____

Address: _____

Phone No Home: _____ Mobile: _____

Date of Birth: _____ Age: _____ Gender: _____

3). **Name:** _____

Address: _____

Phone No Home: _____ Mobile: _____

Date of Birth: _____ Age: _____ Gender: _____

4). **Name:** _____

Address: _____

Phone No Home: _____ Mobile: _____

Date of Birth: _____ Age: _____ Gender: _____

5). **Name:** _____

Address: _____

Phone No Home: _____ Mobile: _____

Date of Birth: _____ Age: _____ Gender: _____

