HARRISVILLE BOROUGH POLICE

CITIZEN COMPLAINT FORM

DATE:_____

COMPLAINANT'S NAME:_____

RELATED TO COMPLAINT (HOW):_____

ADDRESS:_____

PHONE #:_____

POSSIBLE VIOLATORS NAME (IF KNOWN):_____

ADDRESS:_____

PHONE NUMBER(IF KNOWN):_____

NATURE OF VIOLATION:_____

_____

_____

_____

_____

_____

_____

POLICE USE ONLY: RECEIVED BY_____ **ON** _____

COMPLAINT #-_____

STATUS:_____**DATE:**_____