KUTZTOWN BOROUGH POLICE DEPARTMENT

45 RAILROAD STREET, KUTZTOWN, PA 19530

(610) 683-3545 ℊ E-mail: pclery@kutztownpd.org

Citizen Comment Form

This report concerns: ☐ Commendation ☐ Complaint ☐ Comment ☐ Recommendation

A. CITIZEN PROVIDING INFORMATION:

Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

B. INCIDENT:

Name(s) of Officer(s) Involved: (Type or Select from List) (Type or Select from List) (Type or Select from List)

Type of Incident: _____

Location of Incident: _____ Date: _____ Time: _____

C. DETAILS: (Provide all information or details on the incident, witnesses, etc.)

Check here if additional pages or attachments are included: ☐ **Number of additional pages used:** _____

I verify that the facts set forth in part "C. DETAILS:" , including any additional pages, are true and correct to the best of my knowledge and belief. This verification is made subject to the penalties of Section 4904 of the Pennsylvania Crimes Code (18 Pa. C.S. 4904) relating to Unsworn Falsification to Authorities.

(If unable to complete signature below, a check mark here ☐ indicates verification of facts set forth above.)

SIGNATURE:_____DATE:_____

FOR DEPARTMENT USE ONLY CASE DISPOSITON

o FOUNDED o UNFOUNDED o NOT SUSTAINED o EXONERATED

SIGNATURE OF INVESTIGATOR: _____DATE:_____