

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:** _____