



**CITY OF HARRISBURG**  
**HARRISBURG BUREAU OF POLICE**  
 123 Walnut Street Harrisburg, Pa. 17101  
 www.harrisburgpa.gov

**Citizen's Complaint Form**

Date Complaint Received
Incident #
Tracking #
UCR # 4440

How Complaint Was Received (Please Circle): For use by HPD  
**In Person | Fax | U.S. Mail | Other Specify:**

Name of Complainant – Last Name, First, Middle	Sex/ Age	Race	Tel: Home	Tel: Work
Home Address	City		State	Zip
Witness-Last Name, First, Middle	City		Tel:Home	Tel: Work
Home Address	City		State	Zip Code
Witness-:Last Name, First, Middle	City		Tel:Home	Tel: Work
Home Address	City		State	Zip Code

Date of the Incident	Time of the Incident	Location where Incident occurred
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Officers Involved (Name, Badge Number)

Description of Incident:

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Complainant signature and Date	<b>Signature &amp; Seal of Notary</b>	

Complainant signature and Date	Complaint Received by / Date
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**Copy 1- Chief of Police   Copy 2-Complainant   Copy 3 Employee**