

UPPER GWYNEDD POLICE

COMMENDATION or COMPLAINT FORM

This report concerns: Commendation Complaint Comment

INCIDENT:

Officer(s) Involved _____

Type of Incident _____

Location _____ Date _____ Time(s) _____

PERSON PROVIDING INFORMATION:

Name(s) _____

Address: _____

Home phone: _____ Work phone: _____

DETAILS:

Check here if additional pages are used.

I verify that the facts set forth above, 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 Crimes Code (18 Pa. C.S. 4904) relating to unsworn falsification to authorities.

Signature _____ Date _____

Witness/Receiving Member _____