

Name:			IA #:	
Address:				
City:	State:	Zip Code:	Phone #:	
DOB:	SSN:	Age:	Sex:	Race:
Employer/School:			Phone:	
Address:				
City:	State:	Zip Code:	Phone #:	
INCIDENT DETAILS				
Nature of Complaint:				
Complaint Against:			Badge/ID #:	
Complaint Against:			Badge/ID #:	
Date:	Time:	Date/Time Reported:	How Reported:	
Incident Location:			Case #:	
Description of Incident:				
Description of Any Injuries:				
Place of Treatment:		Doctor's Name:	Date of Treatment:	
Signature of Complainant:			Date:	
<i>Providing false information, written or verbal to authorities is a crime. I understand that if I provide false information to authorities I will be prosecuted. _____ (initial)</i>				
<u>Agency Use Only: Please Do Not Complete Information Below</u> Action Taken: Referred to Other Agency: _____ <div style="text-align: center;">Agency Name/Representative</div> Forwarded to Internal Affairs Unit: _____ <div style="text-align: center;">Date Forwarded</div>				
Employee Taking Complaint:		Badge/ID#:	Date:	

Complaints can be delivered in-person, via telephone, by regular letter, or via email. Complainants wishing to email this form should email it to ymanco@manchestertwp.com. Although is preferred that the complaint be made in person by the individual who is directly involved in the allegation against the department, it is not required.