Lewistown Police Department

21 South Brown Street, Suite 1A
Lewistown, PA 17044
Phone: (717) 248-6716
Fax: (717) 953-9524
info@lewistownpolice.org

COMPLAINT FORM

Date/Time of Incident: _____ **Location:** _____

Officer(s) Involved: _____

Name: _____ Date of Birth: ____/____/_____

Phone #: _____ Email: _____

Home Address: _____

Provide a brief description of the Incident and your complaint:

_____

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Signature: _____ Date: ____/____/_____

NOTICE

Under Section 4904 of the Crimes Code (Title 18), Unsworn Falsification to Authorities, a person commits a misdemeanor of the third degree if he makes a statement which he believes not to be true.

Received By: _____ Date & Time: _____