



Allegheny County Police Department

Civilian Complaint Form

ACP Form C2 (4-23)

Section I: Complainant Information

<i>Date of Complaint:</i>	<i>Time:</i>	<i>Complainant Name:</i>	<i>Phone Number:</i>

Complainant Address:

Section II: Incident Information

<i>Name of Accused Officer:</i>	<i>Date of Incident:</i>	<i>Time of Incident:</i>

Location of Incident: (e.g. Address, Intersection, description of location)

Narrative of Incident: (Continue on next page if needed)

Witness Names, addresses, phone numbers, other contact information, if known.

Injuries Received, if any:

I hereby set forth the above-mentioned facts are true and correct to the best of my knowledge and are not presented for any improper purpose. I am also willing to be interviewed by a person assigned to investigate these charges and am willing, if necessary, to appear before any forum and testify under oath as to the facts surrounding this incident.

Signature _____