

West Goshen Township

Police Department



JOSEPH J. GLEASON
Chief of Police

GREGORY M. STONE
Captain

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MICHAEL P. CARROLL
Lieutenant

JUSTIN E. DIMEDIO
Lieutenant

COMPLAINT AGAINST THE POLICE DEPARTMENT OR OFFICER

To: Chief of Police

From:

Home Address:

Phone #:

When did the incident occur which relates to your complaint?

Where did the incident occur which relates to your complaint?

List the name(s) of the officer(s) involved in your complaint?

List the names, addresses and phone numbers of any witnesses to the incident.

Describe in your own words the nature of your complaint.

Signature:

Date:

If you believe that the nature of your complaint involves criminality on the part of the officer involved, this document must be sworn to and notarized.

Sworn to and subscribed before me

On this the _____ Day of _____ 20__

Notary Signature

This affidavit is a statement made under oath that some fact, or set of facts, is true to the best of knowledge of the complainant. If false information is knowingly submitted within this affidavit, the complainant who executed this affidavit is subject to [prosecution](#) for giving [false statement](#) under oath.