



SOUTH WHITEHALL TOWNSHIP POLICE DEPARTMENT

COMPLAINT PROCESSING WORKSHEET

FOR SWTPD ADMIN USE ONLY

IA CASE NUMBER

| |
|--|
| |
|--|

COMPLAINANT INFORMATION

| | | | | | |
|---------------------|----------------|-------|----------|--------------------|------------------------|
| NAME | FIRST | M.I. | LAST | DOB | |
| | STREET | | | | |
| HOME ADDRESS | CITY | STATE | ZIP CODE | HOME TELEPHONE NO. | WIRELESS TELEPHONE NO. |
| | NAME & ADDRESS | | | | WORK TELEPHONE NO. |

SUBJECT OF ALLEGATION/REPORT (List of additional subjects on next page)

| | | | |
|-------------|--------------|---------|----------------|
| NAME | FIRST | M.I. | LAST |
| | EMPLOYEE ID# | BADGE # | JOB ASSIGNMENT |

DETAILS OF ALLEGATION - SWTPD INCIDENT #:

| | | | | | |
|---------------------------------------|---|---|------|------|-----|
| ROUTE/STREET | | | | | |
| CITY | STATE | COUNTY | DATE | TIME | DAY |
| TYPE OF ALLEGATION (CHECK ONE) | <input type="checkbox"/> PHYSICAL ABUSE | <input type="checkbox"/> IMPROPER CONDUCT ON DUTY | | | |
| | <input type="checkbox"/> VERBAL ABUSE | <input type="checkbox"/> IMPROPER CONDUCT OFF DUTY | | | |
| | <input type="checkbox"/> CRIMINAL CONDUCT | <input type="checkbox"/> DISSATISFACTION WITH PERFORMANCE OF DUTY | | | |
| | <input type="checkbox"/> DRUG ABUSE | <input type="checkbox"/> OTHER (Please explain) | | | |

SYNOPSIS (Continue on next page)

| |
|--|
| |
|--|

FOR SWTPD ADMIN USE ONLY

RECEPTION DATA

| | | | |
|-----------------------|---------------------|-------------------|----------|
| DATE RECEIVED | TIME RECEIVED | LOCATION RECEIVED | |
| RECEIVED BY | NAME | ID # | BADGE # |
| | INVESTIGATOR | NAME | ID # |
| CONTROL NO. ISSUED BY | | DATE ASSIGNED | DATE DUE |

ADDITIONAL SUBJECTS OF ALLEGATION/REPORT

| | | | | | |
|--------------|-------|---------|------|----------------|---|
| NAME | FIRST | | M.I. | LAST | WITNESS <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMPLOYEE ID# | | BADGE # | | JOB ASSIGNMENT | |
| NAME | FIRST | | M.I. | LAST | WITNESS <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMPLOYEE ID# | | BADGE # | | JOB ASSIGNMENT | |
| NAME | FIRST | | M.I. | LAST | WITNESS <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EMPLOYEE ID# | | BADGE # | | JOB ASSIGNMENT | |

SYNOPSIS (CONTINUED)