



**Ross Township**  
**Police Department**  
1000 Ross Municipal Dr.  
Pittsburgh, Pa. 15237  
(412)931-9070 • FAX (412)931-9070

## **Citizen Complaint Against a Police Officer or Employee**

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Name of Officer(s) Involved, if known by the complainant: \_\_\_\_\_

Please use the reverse side of this form to give details and why you are making this complaint against a member of the Ross Police Department. Additional sheets may be used if needed. Return this completed form to the Ross Police Department. An investigator will contact you in regarding the follow-up to this complaint.

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**\*\* Ross Police Use only \*\***

Officer Receiving Complaint: \_\_\_\_\_ Date Received: \_\_\_\_\_

Name & Rank of Officer Involved (If known): \_\_\_\_\_

Name of Investigating Officer: \_\_\_\_\_ CCR No.: \_\_\_\_\_

Findings: \_\_\_\_\_

Signature of the Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_

### Describe the Incident:

I, \_\_\_\_\_ hereby swear or affirm that the above information is materially true and correct under penalty of perjury as defined in Title 18 s.s. 4902.

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_