



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.

**** 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: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Signature of Complainant: _____ Date: _____