



## CITY OF JOHNSTOWN – POLICE DEPARTMENT

Report of Complaint  
CR# \_\_\_\_\_

### CITIZEN COMPLAINT FORM

This form should be used to register a complaint against any employee (Officer or Civilian) of the Johnstown Police Department whose conduct, behavior, or action is considered improper, unnecessary or inappropriate.

Please print all information clearly and legibly on the spaces provided so the Department's investigation into your allegations can proceed. If you need assistance in completing this form, please contact the Chief of Police. You will be contacted at a later time with regard to your complaint.

### COMPLAINT INFORMATION

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Your Address – Street

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Telephone (Work & Home)

\_\_\_\_\_  
Day/Date/Time of Incident

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

\_\_\_\_\_  
Report/Incident Number (if known)

Employee Involved (if known):

\_\_\_\_\_  
Name/Address/Phone

Witness to Incident (if any):

\_\_\_\_\_  
Name/Address/Phone

