Central Berks Regional Police Department

2147 Perkiomen Avenue, Reading, PA 19606
610-779-1100 (Office) 610-779-7135 (Fax)

CITIZEN COMPLAINT FORM

TO BE COMPLETED BY THE COMPLAINANT

Name: _____ **DOB:** _____

Address: _____

Phone (home): _____ **(work)** _____ **(cell)** _____

Location of Incident: _____

Witness Name: _____ **Phone:** _____

Address: _____

Complaint:

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I verify that the facts set forth in this complaint are true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of Section 4903 of the Crimes Code (Title 18 Pa. C.S. 4903, False Swearing).

Date: _____ **Signed:** _____

Witness: _____ **Date:** _____