

**Mahanoy City Police Department
Complaint Form**

Case Number: _____

PRINT NAME

DATE

ADDRESS

TELEPHONE #

DATE OF INCIDENT

DAY OF THE WEEK

APPROXIMATE TIME

LOCATION OF INCIDENT

NAME OF ACTOR(S) – LIST ADDRESS(ES), IF KNOWN:

NAME OF ANY WITNESS(ES) WILLING TO TESTIFY – LIST ADDRESS(ES) / PHONE NUMBER(S), IF KNOWN:

DESCRIBE INCIDENT. BE SPECIFIC AS TO WORDS AND ACTIONS. CONTINUE ON OTHER SIDE IF NECESSARY:

MY SIGNATURE BELOW ATTESTS THAT THE INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT, AND IS GIVEN OF MY OWN FREE WILL AND WITHOUT ANY THREATS OR PROMISES HAVING BEEN MADE AGAINST ME. I REQUEST THAT THE M.C.P.D. FILES ANY APPLICABLE CHARGES AFTER REVIEWING THIS INFORMATION, AND I PROMISE TO APPEAR IN COURT WHEN NOTIFIED TO DO SO ON THIS MATTER. I AM AWARE THAT THE PENNSYLVANIA CRIMES CODE MAKES IT A CRIMINAL OFFENSE TO GIVE FALSE INFORMATION TO AUTHORITIES WITH THE INTENT OF IMPLICATING ANOTHER PERSON IN CRIMINAL ACTIVITY.

X SIGNATURE: _____ DATE: _____

X SIGNATURE OF WITNESS TO STATEMENT: _____ PRINTED NAME: _____
OR PARENT/GUARDIAN OF MINOR CHILD