BERKS COUNTY SHERIFF'S OFFICE

Citizen Complaint Verification Form

Name:		
First	Middle	Last
A J.J.,		
Address:	City, State, Zip	Telephone
Bucct	City, State, Zip	retephone
verbal abuse or rudeness, stat the	specific term, phrase, or language co	e date of the incident. If the complaint involves onsidered to be offensive. If the complaint on was unacceptable. If additional space is
		(if needed, continue on back of form)
belief. I understand that if I kr	nowingly make any false statements ade subject to both the penalties of {	correct to the best of my knowledge and herein, I am subject to penalties prescribed § 4904 of the Crimes Code, 18 Pa.C.S.,
Print Name (legibly)	Sig	gnature
NOTARY PUBLIC My Commission Expires:	DA	ATE