

# KUTZTOWN BOROUGH POLICE DEPARTMENT

45 RAILROAD STREET, KUTZTOWN, PA 19530

(610) 683-3545 9 E-mail: csummers@kutztownpd.org

## Citizen Comment Form

**This report concerns:**     Commendation     Complaint     Comment     Recommendation

### A. CITIZEN PROVIDING INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
  Street  City  State  Zip Code

Home Phone: (            ) \_\_\_\_\_ Work Phone: (            ) \_\_\_\_\_

### B. INCIDENT:

Name(s) of Officer(s) Involved: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### C. DETAILS: (Provide all information or details on the incident, witnesses, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check here if additional pages are used     Number of additional pages used: \_\_\_\_\_

I verify that the facts set forth in part "C. DETAILS:", including any additional pages, are true and correct to the best of my knowledge and belief. This verification is made subject to the penalties of Section 4904 of the Pennsylvania Crimes Code (18 Pa. C.S. 4904) relating to Unsworn Falsification to Authorities.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY          CASE DISPOSITION**

FOUNDED                           UNFOUNDED                           NOT SUSTAINED                           EXONERATED

SIGNATURE OF INVESTIGATOR: \_\_\_\_\_ DATE: \_\_\_\_\_