| C:\Users\sgb\Desktop\Pictures\SWT Patch.png | | | | **SOUTH WHITEHALL TOWNSHIP POLICE DEPARTMENT** | | | | | | | | | | | | | | -FOR SWTPD ADMIN USE ONLY- | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COMPLAINT PROCESSING WORKSHEET | | | | | | | | | | | | | | IA CASE NUMBER | | | |
|  | | | |  | | | |
| **COMPLAINANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| **NAME** | | FIRST | | | | | | | M.I. | | LAST | | | | | | | | | DOB | |
|  | | | | | | |  | |  | | | | | | | | |  | |
| **HOME**  **ADDRESS** | | STREET | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| CITY | | | | | | STATE | | ZIP CODE | | | HOME TELEPHONE NO. | | | | WIRELESS TELEPHONE NO. | | | | |
|  | | | | | |  | |  | | |  | | | |  | | | | |
| **EMPLOYER** | | NAME & ADDRESS | | | | | | | | | | | | | | | WORK TELEPHONE NO. | | | | |
|  | | | | | | | | | | | | | | |  | | | | |
| **SUBJECT OF ALLEGATION/REPORT (**  **List of additional subjects on next page)** | | | | | | | | | | | | | | | | | | | | | |
| **NAME** | FIRST | | | | | | | | M.I. | | | LAST | | | | | | | | | |
|  | | | | | | | |  | | |  | | | | | | | | | |
| EMPLOYEE ID# |  | | | | BADGE # | |  | | JOB ASSIGNMENT | | | | |  | | | | | | | |
| **DETAILS OF ALLEGATION - SWTPD INCIDENT #:** | | | | | | | | | | | | | | | | | | | | | |
| ROUTE/STREET | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| CITY | | | | STATE | | COUNTY | | | DATE | | | | | | TIME | | | | DAY | | |
|  | | | |  | |  | | |  | | | | | |  | | | |  | | |
| **TYPE OF**  **ALLEGATION**  **(CHECK ONE)** | | | | PHYSICAL ABUSE | | | | |  | | IMPROPER CONDUCT ON DUTY | | | | | | | | | | |
| VERBAL ABUSE | | | | | IMPROPER CONDUCT OFF DUTY | | | | | | | | | | |
| CRIMINAL CONDUCT | | | | | DISSATISFACTION WITH PERFORMANCE OF DUTY | | | | | | | | | | |
| DRUG ABUSE | | | | | OTHER (Please explain) | | | | | | | | | | |
| **SYNOPSIS (Continue on next page)** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **- FOR SWTPD ADMIN USE ONLY -** | | | | | | | | | | | | | | | | | | | | | |
| **RECEPTION DATA** | | | | | | | | | | | | | | | | | | | | | |
| DATE RECEIVED | | | | TIME RECEIVED | | | | | LOCATION RECEIVED | | | | | | | | | | | | |
|  | | | |  | | | | |  | | | | | | | | | | | | |
| **RECEIVED BY** | | | NAME | | | | | | | | | | | | | | ID # | | | | BADGE # |
|  | | | | | | | | | | | | | |  | | | |  |
| **INVESTIGATOR** | | | NAME | | | | | | | | | | | | | | ID # | | | | BADGE# |
|  | | | | | | | | | | | | | |  | | | |  |
| CONTROL NO. ISSUED BY | | | | | | | DATE ASSIGNED | | | | | DATE DUE | | | | LIMITED INVESTIGATION | | | | | |
|  | | | | | | |  | | | | |  | | | | Yes  No | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ADDITIONAL SUBJECTS OF ALLEGATION/REPORT** | | | | | | | |
| **NAME** | FIRST | | | M.I. | LAST | | WITNESS |
|  | | |  |  | | Yes  No |
| EMPLOYEE ID# |  | BADGE # |  | JOB ASSIGNMENT | |  | |
| **NAME** | FIRST | | | M.I. | LAST | | WITNESS |
|  | | |  |  | | Yes  No |
| EMPLOYEE ID# |  | BADGE # |  | JOB ASSIGNMENT | |  | |
| **NAME** | FIRST | | | M.I. | LAST | | WITNESS |
|  | | |  |  | | Yes  No |
| EMPLOYEE ID# |  | BADGE # |  | JOB ASSIGNMENT | |  | |
| **SYNOPSIS (CONTINUED)** | | | | | | | |
|  | | | | | | | |