| 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)** |
|       |