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Signature Date

* I understand that it is a violation of law to make any written false statement which I do not believe to be true (Title 18, Section 4904.b False Reports to Law Enforcement Authorities).

Please return this form via e-mail or mail to the location listed above.

The Lower Merion Police Department will respond to you within 3 days of receipt of this form (not including weekends or holidays).

Please check your preferred method of contact:

Phone E-Mail address Mailing Address

Instructions: Please provide as much specific information about this incident as possible. This will permit a more comprehensive review of this matter. All persons who file a complaint, and the accused employee are notified of the results of the investigation per Department Policy 3.2.2 – Internal Discipline Procedure. The Police Department’s Policy Manual is available for review on the Police Department page of the Township Website.

Received By: _____ Date-Time: _____