



# KENNETT TOWNSHIP POLICE DEPARTMENT

801 Burrows Run Road  
Chadds Ford, PA 19317  
P | 610.388.1300  
F | 610.388.0461

Lydell Nolt  
Chief of Police

KTPD Control # \_\_\_\_\_

## POLICE PERSONNEL COMPLAINT

Name of complainant: \_\_\_\_\_

Address of complainant: \_\_\_\_\_  
\_\_\_\_\_

Phone number of complainant: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Date of complaint: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Officers involved: \_\_\_\_\_  
\_\_\_\_\_

Nature of incident: \_\_\_\_\_

Specific complaint: \_\_\_\_\_  
\_\_\_\_\_

Name of person(s) involved if different from complainant: \_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to complainant: \_\_\_\_\_

Relationship to incident: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to complainant: \_\_\_\_\_

Relationship to incident: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to complainant: \_\_\_\_\_

Relationship to incident: \_\_\_\_\_

**STATEMENT OF COMPLAINANT**

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I hereby verify that the facts contained herein are true and correct to the best of my knowledge under penalty of Section 4904 of Pennsylvania Crimes Code.

Signature of complainant: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR INTERNAL DEPARTMENT USE ONLY**

Investigator assigned: \_\_\_\_\_

Disposition: \_\_\_\_\_

Reviewed by: KENNETT TOWNSHIP BOARD OF SUPERVISORS

**STATEMENT OF WITNESS**

Name of witness: \_\_\_\_\_

Address of witness: \_\_\_\_\_

\_\_\_\_\_

Phone number of witness: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship to complainant: \_\_\_\_\_

Relationship to incident: \_\_\_\_\_

Physical location of witness to this incident: \_\_\_\_\_

\_\_\_\_\_

Officer's involvement: \_\_\_\_\_

\_\_\_\_\_

**STATEMENT OF WITNESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby verify that the facts contained herein are true and correct to the best of my knowledge under penalty of Section 4904 of the Pennsylvania Crimes Code.

Signature of witness: \_\_\_\_\_

Date: \_\_\_\_\_