



Citizen Complaint Form Cheltenham Township Police Department

8230 Old York Road Elkins Park PA 19027

An Accredited Police Department

www.cheltenhamtownship.org



John J. Norris
Chief of Police

Main: (215) 885-1600
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Lt. John Slavin
Administrative Services Division Commander

Office: (215) 885-1600 ext. 456
E-mail: johnslavin@cheltenham-township.org

Please read all instructions prior to completing this form

The attached form must be completed when initiating a complaint against a member of the Police Department.

This form can be obtained at the Police Department, by mail or by the Police Department web page at www.cheltenhamtownship.org.

The form must be completed by persons present during the incident or persons who possess relevant information regarding allegations of police misconduct.

Please complete the form in its entirety and print clearly and legibly. If additional space is needed, use the back or additional sheets of paper, but **please sign each page**.

Place the form in an envelope and mail or drop it off attention to:

**Division Commander
Administrative Services and Professional Standards
Cheltenham Township Police Department
8230 Old York Road
Elkins Park PA 19027**

Questions regarding the investigation may be directed to LT John Slavin at (215) 885-1600 extension 456 or johnslavin@cheltenham-township.org.

This form is an official record of a police investigation and cannot be reproduced or copied without the permission of the Administrative Services/PSD Commander.

PLEASE NOTE: It is unlawful to make a false statement during a police investigation. Persons knowingly making false statements may be subject to penalties for violation of Pennsylvania Crimes Code Section 4904 Unsworn Falsifications to Authorities and Section 4906 False Reports to Law Enforcement.

Narrative continued:		
I hereby swear or affirm that the above information is true and correct		
Signature of Complainant:	Print name:	Date:

Professional Standards Division Tracking:

Date complaint received/reviewed by PSD:	IRF number on original incident:
Complaint Level (One, Two):	Assigned to:
PSD Tracking Number:	Date investigation completed and disposition:
Date Complainant notified of disposition:	Date employee notified of disposition: