

**York Area Regional Police
Citizen Comment Form**

This report concerns: Commendation Complaint Comment

A. INCIDENT:

Officer(s) Involved: _____

Type of Incident: _____

Location: _____ Date: _____ Time: _____

B. CITIZEN PROVIDING INFORMATION:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

C. DETAILS: (Provide all information or details on the incident, witnesses, etc.)

Check here if additional pages are used.

I verify that the facts set forth in Part C, including any additional pages, are true and correct to the best of my knowledge and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18Pa. C.S. 4904) relating to unsworn falsification to authorities.

SIGNATURE: _____

SEND TO: Chief of Police, York Area Regional Police Department, 33 Oak Street, York PA 17402-4931