

**BEAVER COUNTY DISTRICT ATTORNEY'S OFFICE**  
**REQUEST FOR MEETING OF POLICE REVIEW BOARD**

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ WORK: \_\_\_\_\_

CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

POLICE DEPARTMENT INVOLVED: \_\_\_\_\_

OFFICER YOU ARE MAKING COMPLAINT ABOUT: \_\_\_\_\_

OTHER OFFICERS INVOLVED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE PROVIDE THE DATE AND RESULTS OF YOUR METING/DISCUSSION WITH THE CHIEF OF POLICE,  
MAYOR OR COUNCIL MEMBER(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLACE WHERE EVENT OCCURRED: \_\_\_\_\_

WHERE YOU ARRESTED? \_\_\_\_\_

WHAT WERE YOU CHARGED WITH? \_\_\_\_\_

DO YOU HAVE AN ATTORNEY? \_\_\_\_\_

NAME OF ATTORNEY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WHAT HAPPENED? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHO WAS PRESENT DURING THIS OCCURANCE?

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

DID YOU SUSTAIN ANY INJURIES? \_\_\_\_\_

IF YES, DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_

DID YOU SEEK MEDICAL TREATMENT? \_\_\_\_\_

WHERE? \_\_\_\_\_

WHO WAS THE TREATING PHYSICIAN? \_\_\_\_\_

HAVE YOU FILED A CIVIL SUIT AS A RESULT OF THIS EVENT? \_\_\_\_\_

*Please note that it is your responsibility to provide medical records, witnesses, and other evidence of this occurrence.*

I verify that facts set forth in this Complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of Crimes Code (18Pa.C.S.A. 4904) relating to Unsworn Falsification to Authorities.

\_\_\_\_\_  
Signature of Complainant Date

Approved For Board Review By: _____
Date of Review: _____
Disapproved For The Following Reason: _____ _____
Additional items needed (i.e. medical records, witness statements, etc.): _____ _____ _____