

EMMAUS POLICE DEPARTMENT



400 Jubilee Street
Emmaus, PA 18049
Phone: 610-967-3113
Fax: 610-967-6288
E-mail: police@emmauspd.org
www.borough.emmaus.pa.us



Dear Citizen:

The mission of the Emmaus Police Department is to be a leader in providing total quality service to all of our residents as well as those who visit and work within our community. One of our core values is “quality” law enforcement service. The ultimate goal is to have a high reputation for excellence and public satisfaction as a result of the services we provide.

The “Civilian Commendation, Suggestion or Complain Form” was developed to assist us in providing quality law enforcement services and to maintain the public trust and confidence. If you wish to commend one of our employees, we encourage you to do so. If you have a legitimate suggestion for improving our services, we encourage that also. As with any organization, there may be times when our level of service or performance of our employees may be less than ideal. If you have a complaint against one of our employees, please use this form. Allegations of less than acceptable service and/or poor performance by one of our employees will be investigated a thorough and objective manner, which will assist us with maintaining the integrity of the department and the confidence of the public.

We thank you for your interest in helping us to provide you with total quality service.

Sincerely,

Charles R. Palmer
Chief of Police

“Serving Emmaus with Pride and Respect”
An Accredited Law Enforcement Agency



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"A PA. Accredited Law Enforcement Agency"

610-967-3113 (Phone)
610-967-6288 (Fax)

Civilian Commendation, Suggestion or Complaint Form

Civilian Information				
Name:	First	M.I.	Last	DOB:
Address:	Street		City/State/Zip Code	
Contact Information:	Home Phone:	Work Phone:	E-Mail Address:	
I wish to (check one):	Commend a police employee <input type="checkbox"/>		Offer a Suggestion to improve police services <input type="checkbox"/>	
	Complain about a police employee <input type="checkbox"/>			
Police Employee Information (Please complete as much as possible)				
Police Employee Information:	Officer name:		Badge # (if known):	
Incident Information:	Date:	Time:	Incident Type:	
Detailed narrative of incident :				
(<input type="checkbox"/> check if narrative continued on another page)				
I acknowledge that this information is true and correct to the best of my knowledge, information or belief; and, that by signing this document, I am subject to the provisions of PA Crimes Code Sections: 4903 (False swearing), 4904 (Unsworn falsification to authorities) and other related sections.				
Signature:			Date:	

**Narrative Continuation
(if needed)**

I acknowledge that this information is true and correct to the best of my knowledge, information or belief; and, that by signing this document, I am subject to the provisions of PA Crimes Code Sections: 4903 (False swearing), 4904 (Unsworn falsification to authorities) and other related sections.

Signature:

Date: