

Cinnaminson Township Police Department

Internal Affairs Office

Citizen Complaint Form

Case Number: _____ Date: _____ Time: _____

Received By: _____

Rank Name Badge #

Complainant Name: _____ Age: _____ Sex: _____

Address: _____ Phone: _____

DOB: _____ DL#: _____

Height: _____ Weight: _____ Race: _____ Marital Status: _____

Employer: _____ Occupation: _____

Address: _____ Phone #: _____

Injury: Yes No Description of Injury: _____

Treated: Yes No Where: _____ Date: _____

Doctor's Name: _____ Phone: _____

Photographs of Injuries: Yes No Taken By: _____

Observations: _____

Name: _____ Age: _____ Sex: _____

(only if other than complainant)

Address: _____

Phone#: Home: _____ Work: _____ Cell: _____

How Received: Walk-in Telephone Mail Other: _____

ALLEGED INCIDENT INFORMATION

Type of Incident: _____

Date: _____ Time: _____ Location: _____

Accused Employee(s): _____ Badge #: _____

_____ Badge#: _____

Further Investigation Approval: Yes No Chief: _____ IA Exec: _____

Signature: _____

Forwarded To: Internal Affairs Immediate Supervisor

AFFIDAVIT

I SWEAR that, to the best of my knowledge, information and belief the accused committed the offense(s) below. This belief is based upon the following facts and circumstances.

Has either the reporting person or victim ever filed an allegation against any law enforcement officer in the past? Yes No

If so, Where? _____

Situation adjusted at command level? Yes No

I understand that this statement of complaint will be reviewed by the _____ and will be the basis for an investigation. I sincerely and truly declare and affirm, under penalties of false swearing, that the facts contained in this complaint are true and accurate to the best of my knowledge and belief.

SIGNATURE OF COMPLAINANT _____

SIGNATURE OF SUPERVISOR _____

I Am aware of these facts because: _____

SWORN TO AND SUBSCRIBED before me

This _____ day of _____, 20_____.

(Name/Title of Person Administering Oath)

COMPLAINANT

