

**NEWARK DIVISION OF POLICE
CITIZEN COMPLAINT FORM**

INCIDENT INFORMATION

Date of Incident: _____ Location of Incident: _____
Time of Incident: _____ Nature/Type of Incident: _____
Officer's Name: _____ Car #: _____

COMPLAINANT INFORMATION

Name (Last, First, MI): _____ Sex: _____ Race: _____
DOB: _____ SocSec: _____ Written Statement: Yes No Taped Statement: Yes No
Home Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Pager: _____ Cell Phone: _____
Employer: _____ Occupation: _____
Employer Address: _____ Phone: _____

WITNESS INFORMATION

Witness #1 Name: _____ Sex: _____ Race: _____ DOB: _____
Address: _____ Phone: _____
Pager: _____ Cellular: _____ Written Statement: Yes No Taped Statement: Yes No
Witness #2 Name: _____ Sex: _____ Race: _____ DOB: _____
Address: _____ Phone: _____
Pager: _____ Cellular: _____ Written Statement: Yes No Taped Statement: Yes No

DETAILS

Signature of Complainant: _____ Date: _____
My signature verifies that the information on this report is accurate and true

FOR POLICE DEPARTMENT USE ONLY

OFFICERS INVOLVED

Officer's Name: _____ Car #: _____ Employee #: _____
Officer's Name: _____ Car #: _____ Employee #: _____
Officer's Name: _____ Car #: _____ Employee #: _____
Officer's Name: _____ Car #: _____ Employee #: _____
Officer's Name: _____ Car #: _____ Employee #: _____

RECEIVING OFFICER'S OBSERVATIONS

Complainant Intoxicated or Impaired: Yes No
Indicators: Admission Odor Slurred Speech Blood-Shot Eyes Other: _____

Other Unusual Behavior: _____

Complainant Injured: Yes No Visible: Yes No Location/Type of Injury: _____

Photos: Yes No Medical Release: Yes No Offense Report Attached: Yes No
Dispatched Tape Requested: Yes No

Initial Actions Taken:

Received By: _____ Date: _____ Time: _____

CHIEF OF POLICE USE ONLY

Officer Advised By: _____ Date: _____ Time: _____
Provided Copy of Complaint: Yes No

Assigned to Investigate: _____ Date: _____ Time: _____

Investigation Completed By: _____ Date: _____ Time: _____

Investigation Finding: Sustained Not Sustained Unfounded Exonerated

Officer Advised of Finding: Yes No Date: _____

Disciplinary Action Taken: Yes No If Yes, what: _____