



COMPLAINT AGAINST DEPARTMENT MEMBER

NAME: _____ RACE: _____ GENDER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

OFFICER(S)/PERSONNEL INVOLVED (if known): _____

WITNESS(ES) NAME & PHONE: _____

NARRATIVE/SYNOPSIS OF INCIDENT
(Describe incident and nature of complaint in detail.)

Additional Pages Attached: YES _____ NO _____

SIGNATURE

DATE/TIME

*I understand that it is a violation of law to make any written false statement which I do not believe to be true (Title 18, Section 4904.b False Reports to Law Enforcement Authorities).

PLEASE SUBMIT FORM TO THE CHIEF OF POLICE VIA E-MAIL TO: mcummings@newhopepd.org