



Essex Police Department

Complaint Control Form



Complaint #: (Assigned by IAU)			Type of Complaint			Original to: Internal Affairs Unit/Supervisor Copy to: Complainant at time of complaint Copy to: Division of Police Standards (POST)				
Bias Conduct Alleged: Yes___; No___										
Date of Complaint		Time of Complaint		Day:		How Complaint Was Received				
Date of Occurrence		Time of Occurrence		Day:		Location of Incident (#, Street, City)				
Complainant (last, first, M)						Address (#, Street, City, St, & Zip Code)				
Phone: (Home) (Work)		Sex: ___ Male ___ Female		Race		Age		D.O.B.		
Result of: ___ Parking Complaint ___ Injury		___ Arrest ___ Field Interrogation		Traffic Citation Other___		Married: Yes___ No___				
Signature of Complainant if Complaint Resolved at Time of Complaint: _____						Date:				
Narrative:										
(continue on reverse if necessary)										
WARNING: False statements made on this form are punishable under the pains and penalties of perjury. A fine up to \$500 and imprisonment for up to one year shall punish whoever knowingly and intentionally makes a FALSE REPORT of a crime on this form.										
Complainant Should Sign at End of Narrative: _____ Complainant's Parent or Guardian if Complainant is under (<18) Eighteen: _____										
(1.) Name of Employee Complained Against:						Badge No. / Employee ID No.		POST-C Certification Identification No.		
Sex: ___ Male ___ Female		Race: ___W; ___B ___A; ___M; ___H: ___I: ___O		D.O.B. / Age		Height		Weight		
						Build		Hair		
								Eyes		
(2.) Name of Employee Complained Against:						Badge No. / Employee ID No.		POST-C Certification Identification No.		
Sex: ___ Male ___ Female		Race: ___W; ___B ___A; ___M; ___H: ___I: ___O		D.O.B. / Age		Height		Weight		
						Build		Hair		
								Eyes		
(1.) Name of Witness:						Address				
Phone		Sex: ___ Male ___ Female		Race		Age		D.O.B		
								Married: ___ Yes ___ No		
(2.) Name of Witness:						Address				
Phone		Sex: ___ Male ___ Female		Race		Age		D.O.B		
								Married: ___ Yes ___ No		
Signature of Supervisor Receiving Complaint						I.D. No.		Tour of Duty		
Superior Officer Assigned to Investigate Complaint						I.D. No.				
Internal Affairs Unit Notified: ___ Yes ___ No				Notified by: _____			Time		Date	



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		Bias Conduct Alleged: Yes ___; No ___					
Date of Complaint	Time of Complaint	Day:	How Complaint Was Received	<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Other <input type="checkbox"/> Online <input type="checkbox"/> POST(DPS)			
Date of Occurrence	Time of Occurrence	Day:	Location of Incident (#, Street, City)				
Complainant (last, first, M)			Address (#, Street, City, St. & Zip Code)				
Phone: (Home) (Work)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Age	D.O.B.	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Result of: <input type="checkbox"/> Parking Complaint <input type="checkbox"/> Arrest <input type="checkbox"/> Traffic Citation <input type="checkbox"/> Injury <input type="checkbox"/> Field Interrogation Other ___		Signature of Complainant if Complaint Resolved at Time of Complaint: _____				Date: _____	
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Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> W; <input type="checkbox"/> B <input type="checkbox"/> A; <input type="checkbox"/> M; <input type="checkbox"/> H; <input type="checkbox"/> I; <input type="checkbox"/> O	D.O.B. / Age	Height	Weight	Build	Hair	Eyes
(2.) Name of Employee Complained Against:			Badge No. / Employee ID No.		POST-C Certification Identification No.		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> W; <input type="checkbox"/> B <input type="checkbox"/> A; <input type="checkbox"/> M; <input type="checkbox"/> H; <input type="checkbox"/> I; <input type="checkbox"/> O	D.O.B. / Age	Height	Weight	Build	Hair	Eyes
(1.) Name of Witness:			Address				
Phone	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Age	D.O.B	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(2.) Name of Witness:			Address				
Phone	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Age	D.O.B	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature of Supervisor Receiving Complaint				I.D. No.		Tour of Duty	
Superior Officer Assigned to Investigate Complaint						I.D. No.	
Internal Affairs Unit Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Notified by: _____		Time		Date	

