

## CITIZEN COMPLAINT INFORMATION FORM

The members of the **Carlstadt Police Department** are committed to providing law enforcement services that are fair, effective, and impartially applied. It is in the best interest of everyone that a complaint about the performance of an individual employee or the agency in general be resolved fairly and promptly. The **Carlstadt Police Department** has formal procedures for investigating these complaints. These procedures ensure fairness while also protecting the rights of both citizens and employees.

- Your complaint will be sent to either a superior or specially trained internal affairs officer who will conduct a thorough and objective investigation.
- You will be asked to help in the investigation by giving a detailed statement about what happened or by providing other important information.
- All complaints against employees or the agency in general are thoroughly investigated. You will be advised in writing of the outcome of the investigation.
- If our investigation shows that a crime might have been committed, the county prosecutor will be notified. You might be asked to testify in court.
- If our investigation results in an employee being charged with a violation of department rules, you might be asked to testify in a departmental hearing.
- If our investigation shows that the complaint is unfounded or that the employee acted properly, the matter will be closed.
- All disciplinary hearings shall be closed to the public, unless the defendant officer requests an open hearing.

**It is unlawful to provide information in a matter that you do not believe to be true.**

You may elect to telephone the Internal Affairs Officer, Lt. Walter Beese at 201-438-4300, Ext. 7425 with any additional information or questions concerning the case.

## INTERNAL AFFAIRS COMPLAINT FORM

<b>CARLSTADT POLICE DEPARTMENT</b>		<b>IA #:</b>	<b>Dept #:</b>	
<b>Name:</b>			<b>Alias:</b>	
<b>Address:</b>				
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone #:</b>	
<b>DOB:</b>	<b>SSN:</b>	<b>Age:</b>	<b>Sex:</b>	<b>Race:</b>
<b>Employer/School:</b>			<b>Phone:</b>	
<b>Address:</b>				
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone #:</b>	
<b>INCIDENT</b>				
<b>Nature of Complaint:</b>				
<b>Complaint Against:</b>			<b>Badge/ID #:</b>	
<b>Complaint Against:</b>			<b>Badge/ID #:</b>	
<b>Date:</b>	<b>Time:</b>	<b>Date/Time Reported:</b>	<b>How Reported:</b>	
<b>Incident Location:</b>				
<b>Description of Incident:</b>				
<b>Description of Any Injuries</b>				
<b>Place of Treatment:</b>		<b>Doctor's Name:</b>	<b>Date of Treatment:</b>	
<b>Signature of Complainant:</b>			<b>Date:</b>	
<b>Action Taken:</b>				
<input type="checkbox"/> No Further Action Requested By Complainant:				
<input type="checkbox"/> Referred to Other Agency:				
<input type="checkbox"/> Forwarded to Internal Affairs Unit:				
<b>Employee Taking Complaint:</b>		<b>Badge/ID#:</b>	<b>Date:</b>	