

WESTAMPTON TOWNSHIP POLICE DEPARTMENT

CITIZEN COMPLAINT INFORMATION FORM

- The members of the Westampton Police Department are committed to providing law enforcement services that are fair, effective, and impartially applied. It is in the best interests of everyone that your complaint about the performance of an individual officer is resolved fairly and promptly. The Police Department has formal procedures for investigating your complaint. These procedures ensure fairness and protect the rights of both citizens and police officers.
- Your complaint will be sent to a superior officer or a specially trained internal affairs officer who will conduct a thorough and objective investigation.
 - You might be asked to help in the investigation by giving a detailed statement about what happened or providing other important information.
- All complaints against police officers 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 officer 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 officer acted properly, the matter will be closed.
- It is unlawful to provide information in this matter which you do not believe to be true.
- You may call the (Lt. Vic Bialous) at (609-267-3000 X156) with any additional information or any questions about the case.

INTERNAL AFFAIRS REPORT FORM

DEPARTMENT WESTAMPTON POLICE		ORI NO. NJ0033800 case #		INTERNAL AFFAIRS CASE NO.	
PERSON MAKING REPORT					
NAME:			ALIAS:		
ADDRESS:					
CITY:		STATE:	ZIP:	PHONE:	
DOB:	SSN:	AGE:	SEX:	RACE:	
EMPLOYER/SCHOOL:			PHONE:		
ADDRESS:		CITY:		STATE: NJ	ZIP:
INCIDENT					
NATURE OF COMPLAINT:					
COMPLAINT AGAINST (NAME(s):				BADGE NO(s):	
DATE:	TIME:	DATE/TIME REPORTED:		HOW REPORTED:	
INCIDENT LOCATION:			DIST/AREA		BEAT
DESCRIPTION OF INCIDENT:					
DESCRIPTION OF ANY INJURIES:					
PLACE OF TREATMENT:		DOCTOR'S NAME:		DATE OF TREATMENT:	
SIGNATURE OF COMPLAINANT:				DATE:	
REPORT RECEIVED BY:		BADGE NO:	DATE RECEIVED:		
FORWARDED TO: __ INTERNAL AFFAIRS __ (OTHER)					
____ UNFOUNDED due to insufficient information					
COMMENTS					
SIGNATURE		BADGE NO.	DATE		

(Incident Narrative continuation page)