



# EASTON POLICE DEPARTMENT

## COMPLAINT AGAINST PERSONNEL

**This document is confidential in nature and the information is not subject to public disclosure.**

I understand this statement of complaint will be the basis for an investigation. I sincerely and truly declare and affirm the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

By signing and filing this complaint, I hereby agree to appear before a board of inquiry, if requested, to testify under oath concerning all matters relevant to this complaint.

Name of complainant: \_\_\_\_\_

Filed on behalf of: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Best time of day to contact you: \_\_\_\_\_

Day, Date and time of occurrence: \_\_\_\_\_

Location of occurrence: \_\_\_\_\_

Name of member(s) complaint is being filed against, or other identifying information, marks (car, number, identification number, etc.)

Rank: \_\_\_\_\_ Name: \_\_\_\_\_

I.D.# \_\_\_\_\_ Vehicle: \_\_\_\_\_

List any Witnesses: *Name(s)/address(s)/telephone number(s) of others providing information, those who have first-hand knowledge of the occurrence.*

Type of Complaint: *(i.e., Discourtesy, False Arrest, Excessive Force, etc.)* \_\_\_\_\_

Details of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Complainant: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Signature of Person Receiving Complaint: \_\_\_\_\_ Date and Time Received: \_\_\_\_\_

Division Commander: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_

IA Control #: \_\_\_\_\_ Form 24A Issued?  Yes  No

*(If further space is needed, use reverse side of sheet.)*

