

Dunellen Police Department

CITIZEN COMPLAINT REPORT FORM

PERSON MAKING REPORT

Name _____ Phone (home) _____

Address _____ Phone (work) _____

City _____ State _____ Zip _____

DOB _____ SSN _____ Age _____ Sex _____

INCIDENT

Complaint against:

Name of officer: _____ Badge # _____

Name of officer: _____ Badge # _____

Name of officer: _____ Badge # _____

Date & time of incident: _____

Date & time reported: _____

Description of incident:

Injuries (if any) _____

Date & place of treatment _____

Doctor name and address _____

I understand that if I knowingly provide information that I do not believe to be true, or report an offense or incident that I know did not occur, that I am subject to both criminal and civil prosecution.

(signature of complainant) (date)

Report received by: _____ Badge # _____

Date & time received: _____