



HOPEWELL POLICE DEPARTMENT INTERNAL/EXTERNAL COMPLAINT FORM



- Read all information carefully before completing the forms.
- If necessary, ask the On Duty Supervisor for assistance.
- Print clearly and legibly.
- You are responsible for completing the information on the first three pages. If you need additional space, you may attach additional pages.
- If you choose to take the forms with you, you **MUST** return all pages within five (5) business days.
- Once the Hopewell Police Department receives your information, a designee of the Chief of Police will investigate your complaint.
- You may need to be re-interviewed by the investigating officer.
- Within ninety (90) days of submitting your complaint, you will be notified in writing of its disposition.

AFFIRMATION

I, _____, do hereby affirm that the
(PRINT NAME)

foregoing information provided by me is true and complete to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements, accusations or allegations herein made by me, either orally or in writing, to any person(s) investigating this complaint may subject me to civil penalties and/or criminal prosecution.

Signature _____ Date _____

Official use only:

Department Member Issuing Complaint Packet:

Name _____ Badge # _____ Date _____

Bureau Member Receiving Completed Packet:

Name _____ Badge # _____ Date _____



HOPEWELL POLICE DEPARTMENT INTERNAL/EXTERNAL COMPLAINT FORM



TODAY'S DATE and TIME: _____

Complainant's Name _____
Home Address _____
Telephone #/ Contact # _____
Between the Hours of _____

What is your specific complaint? _____
Date and Time of Incident _____
Location of the Incident _____
(where did it happen?)
Were there any Witnesses? _____
Name _____ Phone # _____
Address _____
Name _____ Phone # _____
Address _____
Name _____ Phone # _____
Address _____
Name _____ Phone # _____
Address _____

Can you name the officer(s) involved? _____
Describe the officer(s) involved _____
How/why did you come into contact with the officer(s)? _____



THE REMAINDER OF THE FORM IS TO BE COMPLETED BY THE POLICE DEPARTMENT SUPERVISOR RECEIVING THIS COMPLAINT.

Type of Complaint: _____

What were the Officers' Involvement/actions?: _____

What were the Citizen's Actions?: _____

Was the Complaint Resolved?: _____ How?: _____

Is Further Investigation Needed?: _____ Yes _____ No

Receiving Supervisors Name/Badge: _____

Name Badge # Date

OPS Commander's Signature/Review: _____

Name Badge # Date

Reviewed By Chief of Police: _____

Name Date

Chief's Recommendation: _____

Notification of Complainant By: _____

Name Badge # Date