

IA Case # _____

FRANKLIN BOROUGH POLICE DEPT.
PERSONNEL COMPLAINT FORM

15 Corkhill Road
Franklin, NJ 07416
Phone: (973) 827-7700
Fax: (973) 827-1486

FOR AGENCY USE ONLY	
Received by: _____	
Date & Time Received: _____	
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Telephone
<input type="checkbox"/> Letter	<input type="checkbox"/> Other _____

Complainant Reporting Person

Your Name		Do you have any other names? If so, please list:			
Home address		City	State	Zip	
Telephone Number	Cellular Telephone Number	Work Number	Date of Birth	Social Security Number	
Employer/School			Telephone Number		
Employer/School Address		City	State	Zip	

Nature of the Complaint (Please describe your complaint)

Complaint Against (Name(s) (if known) or Description of the Employee)		Badge/ID # (if known)	<input type="checkbox"/> Uniformed Officer <input type="checkbox"/> Plain Clothes Officer <input type="checkbox"/> Crossing Guard <input type="checkbox"/> Civilian/Dispatcher	
1.			<input type="checkbox"/> Uniformed Officer <input type="checkbox"/> Plain Clothes Officer <input type="checkbox"/> Crossing Guard <input type="checkbox"/> Civilian/Dispatcher	
2.			<input type="checkbox"/> Uniformed Officer <input type="checkbox"/> Plain Clothes Officer <input type="checkbox"/> Crossing Guard <input type="checkbox"/> Civilian/Dispatcher	

Date of Occurrence	Time of Day	Location of the Occurrence
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Describe any Injuries

Place of Treatment	Doctor's Name	Date of First Treatment
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Witness (Name)	Home Address	Home Phone	Age	Sex
Witness (Name)	Home Address	Home Phone	Age	Sex

Description of the Incident (Please be as specific and detailed as possible). USE ADDITIONAL SHEET(S) IF NECESSARY.

NOTICE: Any written statement made on this form, which the writer knows to be false, or one which the writer does not believe to be true, is punishable under New Jersey Law as a crime of the 4th degree (NJSA 2C:28-3).

I hereby declare under penalty of law that the information contained within this Personnel Complaint Form is true and correct.

By: _____
Complainant's Signature

Date and Time Signed

Witness to Affidavit: _____ Signature	
Residence Address _____	Residence Phone _____
Date & Time Signed _____	Age of Witness _____

The Attorney General of the State of New Jersey requires that you answer the following questions for Statistical Purposes Only:

Age	Gender	Race				
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White	<input type="checkbox"/> Other _____