



CITIZEN COMPLAINT INFORMATION FORM

- The members of the Berkeley Heights Police Department are committed to providing law enforcement services that are fair, effective and impartially applied. It is in the best interest 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 may 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 department 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 *908-464-1111* and request to speak with the Internal Affairs Unit with any additional information or questions about the case.

BERKELEY HEIGHTS POLICE DEPARTMENT

INTERNAL AFFAIRS COMPLAINT FORM

Department BERKELEY HEIGHTS POLICE DEPT	ORI Number NJ0200100	Internal Affairs Case Number
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COMPLAINANT

Name						Alias	
Address							
City				State	Zip		Phone
DOB	SSN		Age	Sex	Race	Hispanic <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employer/School						Phone	
Employer/School Address				City		State	Zip

INCIDENT

Nature of Complaint							
Complaint Against						Badge Number	
Complaint Against						Badge Number	
Date	Time	Date/Time Reported				How Reported	
Offense / Incident Location					District/Area		Beat
Description of Offense / Incident							
Description of Injuries							
Place of Treatment				Doctor's Name			Date of Treatment
Signature of Complainant						Date	

INTERNAL AFFAIRS USE ONLY

Complaint Received By	ID Number	Date / Time Received
Received by Internal Affairs	ID Number	Date / Time Received

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COMPLAINANT

Description of Offense / Incident- Continuation