

# Point Pleasant Beach Police Department

416 New Jersey Avenue, Point Pleasant Beach, NJ 08742

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## Citizen Complaint Information Form

The members of the Point Pleasant Beach 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 actions of an individual Officer or police department is resolved fairly and promptly. This office has a formal process for investigating your complaint. The process ensures fairness and is in place to protect the rights of both citizens and Law Enforcement Officers.

- Your complaint will be sent to a Superior Officer or an Officer in a specially trained internal affairs unit who will conduct a thorough and objective investigation. The Officer may be a member of the Point Pleasant Beach Police Department or with the Police Department in the venue in which the incident occurred.
- You will be asked to help in the investigation by giving a detailed statement about what happened or providing other important information.
- All complaints against Law Enforcement Officers are thoroughly investigated. You will be advised in writing of the outcome of the investigation.
- If our investigation reveals that a criminal act was committed, you may be subpoenaed to testify in court.
- If our investigation results in an Officer being charged with a violation of Department Rules and Regulations, you may be asked to testify in a departmental hearing.
- If our investigation shows the complaint is unfounded or that the Officer acted properly, the matter will be closed and you will be notified in writing.
- All disciplinary hearings shall be closed to the public unless the defendant Officer requests an open hearing.

A member of the Point Pleasant Beach Police Department Internal Affairs Unit or a member of the respective Police Department's Internal Affairs Unit will contact you in the near future regarding your complaint. Thank you for coming forward with your information.

*\*Please keep in mind that it is unlawful to provide false information. It is a fourth degree crime to make a false statement as per N.J.S.A. 2C:28-3.*

# Internal Affairs Complaint Form

Department: \_\_\_\_\_ Case No.: \_\_\_\_\_ Internal Affairs Case No.: \_\_\_\_\_

*Please fill in as much information as possible. Your information will be handled with the utmost confidentiality.*

## Person Making Report

Name: \_\_\_\_\_ Alias: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

## Incident

Nature of Complaint: \_\_\_\_\_

Complaint against (Name(s) & Badge #): \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Victim(s) Name, Address, Phone # & Age: \_\_\_\_\_

Description of any injuries: \_\_\_\_\_

Place/Date of treatment: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date



# Witnesses

Witness 1

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness 2

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

*Please keep in mind that it is unlawful to provide false information. It is a fourth degree crime to make a false statement as per N.J.S.A. 2C:28-3.*

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Signature of IA Detective

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Signature of IA Supervisor

\_\_\_\_\_  
Date of Review