

# CHATHAM BOROUGH POLICE DEPARTMENT

## Citizen Complaint Information Sheet

The members of the Chatham Borough Police Department are committed to providing law enforcement services that are fair, effective, and impartially applied. It is in the best interests 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 law enforcement officers.

- ✓ Your complaint will be sent to a superior officer or a specially trained professional standards 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 law enforcement 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 Morris County Prosecutor will be notified. You might 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 departmental hearing.
- ✓ If our investigation shows that the complaint is unfounded or that the officer acted properly, the matter will be closed.
- ✓ All disciplinary hearings shall be closed to the public unless the defendant officer requests an open hearing.
- *It is unlawful to provide information in this matter that you do not believe is true.*
- You may call the Professional Standards Unit at (973) 701-6840 with any additional information or any questions about the case.



# CHATHAM BOROUGH POLICE DEPARTMENT

## INTERNAL AFFAIRS COMPLAINT FORM

|   |  |        |                |                     |                    |
|---|--|--------|----------------|---------------------|--------------------|
| IA #:   |  | CAD #  |                |                     |                    |
| Name:   |  |        | Alias:         |                     |                    |
| Address:  |  |        |                |                     |                    |
| City:   |  | State: |                | Zip Code:           |                    |
| DOB:  |  | SSN:   |                | Age:                |                    |
| Sex:  |  | Race:  |                |                     |                    |
| Employer/School:  |  |        |                | Phone:              |                    |
| Address:  |  |        |                |                     |                    |
| City:   |  | State: |                | Zip Code:           |                    |
| Phone #:  |  |        |                |                     |                    |
| INCIDENT  |  |        |                |                     |                    |
| Nature of Complaint:  |  |        |                |                     |                    |
| Complaint Against:  |  |        |                |                     |                    |
| Complaint Against:  |  |        |                |                     |                    |
| Date:   |  | Time:  |                | Date/Time Reported: |                    |
| How Reported:   |  |        |                |                     |                    |
| Incident Location:  |  |        |                |                     |                    |
| Description of Incident:  |  |        |                |                     |                    |
| Description of Any Injuries:  |  |        |                |                     |                    |
| Place of Treatment:   |  |        | Doctor's Name: |                     | Date of Treatment: |
| Signature of Complainant:   |  |        |                | Date:               |                    |
| Action Taken:   |  |        |                |                     |                    |
| <input type="checkbox"/> No Further Action Requested By Complainant: _____ (Signature of Complainant) |  |        |                |                     |                    |
| <input type="checkbox"/> Referred to Other Agency: _____ (Agency Name/Representative)                 |  |        |                |                     |                    |
| <input type="checkbox"/> Forwarded to Internal Affairs Unit: _____ (Date Forwarded)                   |  |        |                |                     |                    |
| Employee Taking Complaint:  |  |        |                |                     | Date:              |