IA Case # _____

LAWRENCE TOWNSHIP POLICE DEPARTMENT
PERSONNEL COMPLAINT FORM

2211 Lawrence Road
Lawrenceville, N.J. 08648
609.896.1111 Telephone
609.895.0917 Fax

FOR AGENCY USE ONLY

Received by: _____

Date & Time Received: _____

☐ **Walk-In** ☐ **Telephone**
☐ **Letter** ☐ **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:	Pager 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#

1. _____ ◯ Uniformed Officer ◯ Plain Clothes Officer

2. ◉ Crossing Guard ◯ Civilian/Dispatcher

Date of Occurrence:	Time of Day:	Location of the Occurrence:

Describe any Injuries:

Place of Treatment:	Doctor's Name:	Date of First Treatment:

Witness (Name):	Home Address:	Home Phone:	Age:	Sex:
Witness (Name):	Home Address:	Home Phone:	Age:	Sex:

Description of the Incident (Please be specific and as 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

YOU MAY DROP THIS FORM OFF AT THE LAWRENCE TOWNSHIP POLICE DEPARTMENT COMMUNICATIONS CENTER
OR MAIL THE FORM TO THE FOLLOWING ADDRESS:

CHIEF OF POLICE
LAWRENCE TOWNSHIP POLICE DEPARTMENT
2211 LAWRENCE ROAD
LAWRENCEVILLE, NJ 08648

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

Age | Gender | Race
☐ Asian/Pacific Islander ☐ Black/African American ☐ American Indian/Alaskan Native ☐ White ☐ Other _____

Do Not Write Below This Line. IA Use Only.

Date Received:	Received By:	Officer Assigned:	Assigned Date:	Final Disposition:	Disposition Date:

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CONTINUATION/SUPPLEMENTAL

Page_____ **of** _____

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