

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: _____	
<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:	Email Address:		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. _____		<input type="checkbox"/> Uniformed Officer	<input type="checkbox"/> Plain Clothes Officer
2. _____		<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:

In the space below, describe the type of incident (traffic stop, street encounter) and any information about the alleged conduct. Please be as specific as possible. If you cannot fit your response below, feel free to use extra pages and attach them to this document. If you do not know the officer's name or badge number, provide any other identifying information.

I hereby declare 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 Purposes Only

Age	Gender	Race					
		<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	_____

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 _____

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

[Empty area for incident description]

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

By: _____

Complainant's Signature

Date and Time Signed

[Empty area for signature and date]