

The members of the Linden 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 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 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 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.

**PERSONNEL COMPLAINT REPORT
LINDEN POLICE DEPARTMENT**

DATE & TIME OF INCIDENT	LOCATION OF INCIDENT	DATE & TIME REPORTED
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NAME & ADDRESS OF COMPLAINANT	TELEPHONE	DOB	AGE	SEX
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BUSINESS NAME	BUSINESS ADDRESS	BUSINESS TELEPHONE
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WITNESS NAMES AND ADDRESSES	DOB	AGE	HOME TELEPHONE
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NAME OF OFFICER(S)	DESCRIPTION OF OFFICER(S)	BADGE #	UNINFORMED?	
			(YES)	(NO)

Describe details of incident: (Use separate sheet of paper if more room is needed)

I hereby declare under penalty of perjury that the foregoing is true and correct.

COMPLAINT'S SIGNATURE
Date & time signed _____

Witness to affidavit (Name and Address)
Name _____
Address _____
Phone# _____
Signature _____
Date & time signed _____ Age _____

**AUTHORITY: SECTION 2C:30-2
NJ CODE OF CRIMINAL JUSTICE**
**PENALTY SECTION 2C:28-3 & 2C:28-4
NJ CODE OF CRIMINAL JUSTICE**

FOR DEPARTMENT USE ONLY
RECEIVED BY _____
DATE & TIME RECEIVED _____