Collingswood Police Department

Employee Conduct Form – Use for a Complaint or Commendation

Please complete each section. If you need assistance in completing the form, please contact Collingswood Police Department Internal Affairs Officer at (856) 854-1901 x. 223.

- If you have been arrested, you are strongly encouraged to discuss your charges with an attorney.
- If information requires clarification, we will contact you.
- If you are filing a formal complaint, we need to be able to contact you, and you may be asked to meet with us in person.
- Please refer to the Form Instructions for completing this form.

Your information: Last name: (Required) Home Address – Street Address: (Required) City: (Required) State and Zip Code: (Required) Home phone: () - Cell phone: Email address:	is this a complaint or a com	imendation? Ch	neck ✓ one	<u> </u>	plaint mendation	
Last name: (Required) First name: (Required) Middle name or initial: (Required) Home Address – Street Address: (Required) City: (Required) Cell phone: (Your information:			_ ~~		
Home Address – Street Address: (Required) City: (Required) Cell phone: () -						
Home phone: () - Cell phone: () - Cell phone: () - Race: (Required for statistical data) Race: (Required for statis	Last name: (Required) First			t name: (Required)		Middle name or initial: (Required)
Other contact info: Age: (Required for statistical data) Incident information: (Required) Date of incident: MM/DD/YYYY Time of occurrence: Address where incident occurred: Location (i.e. Business Name) Description of incident: (Required) Please describe what you believe the officer/employee did properly or improperly, and explain how you were personally	Home Address – Street Address	(Required) C	ity: (Required)	quired) State and		 Zip Code: (Required)
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Please describe what you believe the officer/employee did properly or improperly, and explain how you were personally	Date of incident: MM/DD/YYYY	Date of incident: MM/DD/YYYY Time of occurrence: Add		Address where incident occurred:		Location (i.e. Business Name)

Collingswood Police Department employee(s) information (if known): Employee's name: Badge or ID #: Badge or ID #: Employee's name: If the name(s) of the officer(s) or employee(s) is/are not known, please provide description(s). Witness information: Last name, first name: Street Address, City, State: Phone number: Last name, first name: Street Address, City, State: Phone number: **Evidence information:** Occasionally, citizens have evidence or documentation that supports their complaint allegations. If so, please indicate what evidence or documentation you have, and be willing to provide a copy to the Police Department so that a thorough investigation can be completed. **Verification of complaint allegations: (REQUIRED)** Allegations of police employee misconduct are serious, and you are asked to verify that the information you have provided is true and correct, to the best of your knowledge. By placing a checkmark (\checkmark) in this box, \Box "I hereby certify that the information in this complaint is true and correct, to the best of my knowledge and belief." Date: _ DD Signature (Required) MM Mail completed form to: Collingswood Police Department Attn: Internal Affairs Bureau 735 N. Atlantic Avenue Collingswood, NJ 08108 Email to: **Internal Affairs** Collingswood Police Department (same address as above) Drop form off to: