

Collingswood Police Department employee(s) information (if known):

Employee's name:	Badge or ID #:
Employee's name:	Badge or ID #:

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 (✓) in this box,

"I hereby certify that the information in this complaint is true and correct, to the best of my knowledge and belief."

Signature (Required) Date: ____/____/____
MM DD YYYY

<p>Mail completed form to: Collingswood Police Department Attn: Internal Affairs Bureau 735 N. Atlantic Avenue Collingswood, NJ 08108</p> <p style="text-align: center;">Email to: Internal Affairs</p> <p>Drop form off to: Collingswood Police Department (same address as above)</p>
