

## CITIZEN COMPLAINT INFORMATION FORM

The members of the ***Hopewell Township Police Department*** are committed to providing law enforcement services that are fair, effective, and impartially applied. It is in the best interest of everyone that a complaint about the performance of an individual employee or the agency in general be resolved fairly and promptly. The Hopewell Township Police Department has formal procedures for investigating these complaints. These procedures ensure fairness while also protecting the rights of both citizens and employees.

- Your complaint will be sent to either a superior or specially trained internal affairs officer who will conduct a thorough and objective investigation.
- You will be asked to help in the investigation by giving a detailed statement about what happened or by providing other important information.
- All complaints against employees or the agency in general 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 employee being charged with a violation of department rules, you might be asked to testify in a departmental hearing.
- If our investigation shows that the complaint is unfounded or that the employee acted properly, the matter will be closed.
- All disciplinary hearings shall be closed to the public unless the defendant officer requests an open hearing.

**It is unlawful to provide information in a matter that you do not believe to be true.**

You may elect to telephone the Internal Affairs Officer, Lt. William H. Springer  
at 609-737-3100 x516 with any additional information or questions  
concerning the case.

**HOPEWELL TOWNSHIP POLICE DEPARTMENT  
INTERNAL AFFAIRS COMPLAINT FORM**

<b>Department #:</b>		<b>IA #:</b>	
<b>Name:</b>			<b>Alias:</b>
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone #:</b>
<b>DOB:</b>	<b>SSN:</b>	<b>Age:</b>	<b>Sex:</b> <b>Race:</b>
<b>Employer/School:</b>			<b>Phone:</b>
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Phone #:</b>
<b>INCIDENT</b>			
<b>Nature of Complaint:</b>			
<b>Complaint Against:</b>			
<b>Complaint Against:</b>			
<b>Date:</b>	<b>Time:</b>	<b>Date/Time Reported:</b>	<b>How Reported:</b>
<b>Incident Location:</b>			
<b>Description of Incident:</b>			
<b>Description of Any Injuries</b>			
<b>Place of Treatment:</b>		<b>Doctor's Name:</b>	<b>Date of Treatment:</b>
<b>Signature of Complainant:</b>			<b>Date:</b>
<b>Action Taken:</b>			
<input type="checkbox"/> <b>No Further Action Requested By Complainant:</b> _____ <div style="text-align: right; margin-left: 250px;"><b>Signature of Complainant and Date</b></div>			
<input type="checkbox"/> <b>Referred to Other Agency:</b> _____ <div style="text-align: center; margin-left: 100px;"><b>Agency Name/Representative</b></div>			
<input type="checkbox"/> <b>Forwarded to Internal Affairs Unit:</b> _____ <div style="text-align: center; margin-left: 100px;"><b>Date Forwarded</b></div>			
<b>Employee Taking Complaint:</b>			<b>Date:</b>