

# WARREN POLICE DEPARTMENT

## Citizen Complaint Internal Affairs Complaint

Type of Complaint : \_\_\_\_\_ IA# \_\_\_\_\_

Complainant : \_\_\_\_\_  
( Last, first, middle initial )

Complainant Address : \_\_\_\_\_  
(#, street, apt#, city or town, State, zip code)

Complainant's : \_\_\_\_\_  
Date of Birth Social Security Number

Complainant's Phone # \_\_\_\_\_  
Home Work Best time to contact

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### Employee(s) Involved

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Name : ( Last, first, middle initial)	Badge #	Rank	Shift
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If unknown please provide a description

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Name : ( Last, first, middle initial)	Badge #	Rank	Shift
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If unknown please provide a description

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### Witnesses

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Name: (Last, first, middle initial)	Address:	Phone Number
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Name: (Last, first, middle initial)	Address:	Phone Number
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How was this complaint received ? ( telephone, in person, mail, other )

Complaint Received By: \_\_\_\_\_  
Police Personnel Name, Rank, Assignment

Location of the Incident / Contact :

Date Occurred:

Time Occurred:

Brief Description of the Incident:

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**Affirmation by the Complainant:**

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I do solemnly swear or affirm that the information above is true to the best of my knowledge. I understand that based upon this complaint, an investigation will be conducted and if substantiated, appropriate action will be taken. I also understand that if the investigation proves the allegations were known by me to have been false when the complaint was filed, that the accused police employee(s) may pursue legal remedies against me.

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Complainant's Signature

Date Signed: