

IA Case # \_\_\_\_\_

**LAWRENCE TOWNSHIP POLICE DEPARTMENT  
PERSONNEL COMPLAINT FORM**

2211 Lawrence Road  
Lawrenceville, N.J. 08648  
609.896.1111 Telephone  
609.895.0917 Fax

FOR AGENCY USE ONLY	
Received by: _____	
Date & Time Received: _____	
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Telephone
<input type="checkbox"/> Letter	<input type="checkbox"/> Other _____

Complainant       Reporting Person

Your Name:		Do You have Any Other Names? If so, Please List:			
Home Address:		City:		State:	Zip:
Telephone Number:	Cellular Telephone Number:	Pager Number:	Date of Birth:	Social Security Number:	
Employer/School:			Telephone Number:		
Employer/School Address:		City:		State:	Zip:

Nature of the Complaint (Please Describe your complaint):

Complaint Against (Name(s) if Known) or Description of the Employee	Badge/ID#		
1. _____		<input type="checkbox"/> Uniformed Officer	<input type="checkbox"/> Plain Clothes Officer
2. _____		<input type="checkbox"/> Crossing Guard	<input type="checkbox"/> Civilian/Dispatcher

Date of Occurrence:	Time of Day:	Location of the Occurrence:
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Describe any Injuries:

Place of Treatment:	Doctor's Name:	Date of First Treatment:
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Witness (Name):	Home Address:	Home Phone:	Age:	Sex:
Witness (Name):	Home Address:	Home Phone:	Age:	Sex:

Description of the Incident (Please be specific and as detailed as possible) USE ADDITIONAL SHEET(S) IF NECESSARY

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**NOTICE:** Any written statement made on this form, which the writer knows to be false, or one which the writer does not believe to be true, is punishable under New Jersey Law as a crime of the 4th degree (NJSA 2C:28-3)

I hereby declare under penalty of law that the information contained within this Personnel Complaint Form is true and correct.

By: \_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_

Date and Time Signed

YOU MAY DROP THIS FORM OFF AT THE LAWRENCE TOWNSHIP POLICE DEPARTMENT COMMUNICATIONS CENTER OR MAIL THE FORM TO THE FOLLOWING ADDRESS:

CHIEF OF POLICE  
LAWRENCE TOWNSHIP POLICE DEPARTMENT  
2211 LAWRENCE ROAD  
LAWRENCEVILLE, NJ 08648

*The Attorney General of the State of New Jersey requires that you answer the following questions for Statistical Purposes Only*

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Asian/Pacific Islander     Black/African American     American Indian/Alaskan Native     White     Other \_\_\_\_\_

**Do Not Write Below This Line. IA Use Only.**

Date Received:	Received By:	Officer Assigned:	Assigned Date:	Final Disposition:	Disposition Date:
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