

Lakehurst Borough Police Department
Compliment/Complaint Form

Reporting person:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Nature of Compliment/Complaint

Date & Time of Occurrence: _____

Location: _____

Officer(s) Involved: _____

Witnesses to the incident: _____

Briefly describe the nature of the compliment or complaint:

If injured, briefly describe injuries: _____

Will you sign a release for medical records? _____

Signature _____

Date: _____

Received by: _____

Date/Time: _____

Date Received by IA/OPS: _____

File#: _____

Date reporting party contacted: _____

By whom: _____

Reccomendations: _____

Investigators Signature _____

Date: _____

Chief of Police Review: _____

Date: _____