

# North Hampton Police Department

## Citizen Compliment/Complaint Form

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THIS IS AN INFORMATIONAL COMPLAINT ONLY.

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I WISH TO REMAIN ANONYMOUS. I UNDERSTAND THAT BY REMAINING ANONYMOUS, THE NORTH HAMPTON POLICE DEPARTMENT MAY BE UNABLE TO RESOLVE THIS COMPLAINT.

DATE OF REPORT	TIME OF REPORT	RECEIVING EMPLOYEE
NAME:		DATE OF BIRTH:
STREET ADDRESS:		STATE:                      ZIP CODE:
HOME TELEPHONE NUMBER:		E-MAIL:
CELL PHONE NUMBER:		WORK PHONE NUMBER:
LOCATION OF INCIDENT _____		
DAY/DATE OF INCIDENT _____		TIME OF INCIDENT _____
NAME OF OFFICER/STAFF INVOLVED (if known):		
1. _____		
2. _____		
3. _____		
DESCRIPTION OF OFFICER/STAFF, IF NAME IS UNKNOWN:		
<input type="checkbox"/> RACE                      _____ <input type="checkbox"/> GENDER                      _____ <input type="checkbox"/> HEIGHT                      _____ <input type="checkbox"/> BUILD                      _____ <input type="checkbox"/> HAIR COLOR                      _____		<input type="checkbox"/> UNIFORM DESCRIPTION <input type="checkbox"/> PLAIN CLOTHES DESCRIPTION <input type="checkbox"/> VEHICLE
WITNESS NAME:	ADDRESS:	PHONE:
WITNESS NAME:	ADDRESS:	PHONE:
SUMMARY OF COMPLIMENT/COMPLAINT (one or two sentence description):		

I do hereby affirm that the above information provided by me relative to this complaint is true and complete to the best of my knowledge and belief. I understand that any false, misleading, or untrue statements, accusations or allegations herein made by me or during the course of this investigation, in relation to this incident, either orally, or in writing, to any person or persons investigating this incident may subject me to civil and/or criminal prosecution. I fully realize that it may become necessary in the investigation of this incident for me to meet with a member of the North Hampton Police Department to discuss this issue. I agree, should any Administrative Hearing or Court proceedings result from the investigation of this incident, to make myself available to present testimony at such hearings if requested to do so.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

