

WASHINGTON TOWNSHIP POLICE DEPARTMENT INTERNAL INVESTIGATION

COMPLAINANT	SEX	RACE	AGE	DATE OF BIRTH	TELEPHONE	
ADDRESS		CITY			STATE	ZIP CODE
COMPLAINT RECEIVED BY		DATE	TIME	PLACE		
MANNER COMPLAINT RECEIVED <input type="checkbox"/> IN PERSON <input type="checkbox"/> TELEPHONE <input type="checkbox"/> LETTER		COMPLAINT CATEGORY				
LOCATION OF INCIDENT		DATE OF OCCURENCE		TIME OF OCCURENCE		

W I T N E S S	NAME	ADDRESS	CITY	STATE	TELEPHONE

ACCUSED MEMBER

DETAILS OF COMPLAINT (ATTACH ADDITIONAL SHEETS IF NECESSARY)

NOTARIZATION SWORN TO AND SUBSCRIBED BEFORE			I HAVE READ THE ABOVE AND DO HERE-BY SWEAR OR AFFIRM THAT THE INFORMATION GIVEN BY ME IS TRUE AND CORRECT.	
S	MONTH	DAY		YEAR
E	SIGNATURE OF PERSON ADMINISTERING OATH			
A	MUNICIPALITY	COUNTY		ZIP CODE
L	DATE COMMISSION EXPIRES:			
SIGNATURE		DATE		

DATE BEGUN	DATE COMPLETED	COMPLAINT IS: <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> EXONERATED <input type="checkbox"/> NOT SUSTAINED <input type="checkbox"/> SUSTAINED <input type="checkbox"/> UNREPORTED MISCONDUCT <input type="checkbox"/> REQUIRES ADDITIONAL INVESTIGATION	
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THE FINDINGS OF THIS COMPLAINT INVESTIGATION ARE <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	SIGNATURE OF CHIEF OF POLICE:
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