

DELAWARE RIVER & BAY AUTHORITY POLICE

CITIZEN COMPLAINT FORM

INDIVIDUAL FILING COMPLAINT			
NAME:		PHONE:	
ADDRESS:		CITY/STATE/ZIP:	
AGE:	GENDER:	RACE/ETHNICITY:	OCCUPATION:
INCIDENT INFORMATION			
NATURE OF COMPLAINT:			
COMPLAINT AGAINST NAME(s):		BADGE # OR VEHICLE #:	
DATE:	TIME:	HOW REPORTED/TO WHOM:	
LOCATION OF INCIDENT:			
DESCRIPTION OF INCIDENT (INCLUDE WITNESSES AND/OR INDIVIDUALS WITH RELEVANT KNOWLEDGE):			
SIGNATURE OF COMPLAINANT:			DATE:
REPORTED RECEIVED BY:	BADGE #:	DATE RECEIVED:	
<i>Internal-Use Only</i>			
THIS COMPLAINT IS TO BE INVESTIGATED BY:			
___ SUPERVISOR'S NAME _____			
___ PROFESSIONAL STANDARDS OFFICER _____			
DATE: _____	SIGNATURE: _____		
Police Administrator			