

Ramsey Police Department
25 North Central Avenue
Ramsey, New Jersey 07446
201-327-2400

Citizen Complaint Information Sheet

The members of the Ramsey Police Department are committed to providing law enforcement services that are fair, effective, and impartially applied. It is in the best interests of everyone that your complaint about the performance of an individual officer is resolved fairly and promptly. The Police Department has formal procedures for investigating your complaint. These procedures ensure fairness and protect the rights of both citizens and law enforcement officers.

- ✓ Your complaint will be sent to a superior officer or a specially trained internal affairs officer who will conduct a thorough and objective investigation.
 - ✓ You might be asked to help in the investigation by giving a detailed statement about what happened or providing other important information.
 - ✓ All complaints against law enforcement officers are thoroughly investigated. You will be advised in writing of the outcome of the investigation.
 - ✓ If our investigation shows that a crime might have been committed, the county prosecutor will be notified. You might be asked to testify in court.
 - ✓ If our investigation results in an officer being charged with a violation of department rules, you might be asked to testify in a departmental hearing.
 - ✓ If our investigation shows that the complaint is unfounded or that the officer acted properly, the matter will be closed.
 - ✓ All disciplinary hearings shall be closed to the public unless the defendant officer requests an open hearing.
- *It is unlawful to provide information in this matter which you do not believe to be true.*
 - You may call the Ramsey Police Captain at 201-327-2400 with any additional information or any questions about the case.

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Internal Affairs Report Form

DEPARTMENT	ORI NO.	INTERNAL AFFAIRS CASE NO.
PERSON MAKING REPORT		
NAME		ALIAS
ADDRESS		
CITY	STATE	ZIP
PHONE		
DOB	ISSN	AGE
SEX	RACE	
EMPLOYER/SCHOOL		PHONE
ADDRESS	CITY	STATE
		ZIP
INCIDENT		
NATURE OF COMPLAINT		
COMPLAINT AGAINST (NAME(s))		BADGENO(s)
DATE	TIME	DATE/TIME REPORTED
		HOW REPORTED
INCIDENT LOCATION		DIST/AREA
		'BEAT
DESCRIPTION OF INCIDENT		
DESCRIPTION OF ANY INJURIES		
PLACE OF TREATMENT	DOCTOR'S NAME	DATE OF TREATMENT
SIGNATURE OF COMPLAINANT <i>(Optional)</i>		DATE
COMMENTS		
SIGNATURE	BADGE NO.	DATE RECEIVED