



POLICE CIVILIAN COMPLAINT FORM

PA 3962 / 05-22

Force Abuse of Authority Discourtesy Ethnic/Bias Other CCC # _____

Date of Occurrence		Time of Occurrence		Location of Occurrence			Facility	
Day of Week	Municipality		How Complaint Received <input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Other		Receiving Command	Date	Time	
Date Reported		Time	CCIU Notified If yes, Title and Name of Person Notified <input type="checkbox"/> Yes <input type="checkbox"/> No					
Person Assisting				Complainant's Name (Last, First, M.I.)				
Complainant's Address (Street)				Apt. #	City/Town		State	Zip Code
Date of Birth	Sex	Race			Primary Contact Number		E-Mail Address	
Gender Identity (Optional)					Sexual Orientation (Optional)			
Rank/Name of Police member complained of (if unknown, provide detailed description of officer and type of duty performed), if more than one officer complained of, state number of police officers involved, or officers that might have been at the scene.								
Rank	Name		Badge #	Tax #	Car #	Command		Specialized Unit
1								
2								
Witness/Victim (Last, Name, First, M.I.)					Date of Birth	Sex	Race	
Gender Identity (Optional)					Sexual Orientation (Optional)			
Address (Street)				Apt. #	City/Town		State	Zip Code
Home Phone				Business/Cell Phone				
DETAILS of COMPLAINT (describe briefly). List any additional subject officers and/or witnesses. Use reverse side if needed.								
I certify that the foregoing statements made by me are true. I understand that knowingly submitting false information is unlawful.								
Complainant's Signature X							Date	
Title and Signature of member receiving complaint X					Name (Print)		Date	
Mail completed form to: Civilian Complaint Investigations Unit - 5 Marine View Plaza - Suite 320, Hoboken, NJ 07030 For internal use only: Utilize CCRB 2 Form if complainant chooses to write his/her own account of the incident. NOTE: The Complainant will be mailed a copy of this report as a receipt. Additionally, upon completion of an investigation the Civilian Complaint Review Board will make a determination and then notify the Complainant, in writing, of the final outcome.								

DETAILS of COMPLAINT (continuation)

[Empty box for details of complaint continuation]

RECORDING OFFICER CHECK LIST - PAPD USE ONLY

CCC # _____

COPIES OF ALL APPLICABLE REPORTS:

- ROLL CALL
- ARREST OR PACKAGE SUMMON(S) ISSUED
- COPY OF MEMOBOOKS OF OFFICERS INVOLVED
- COPY OF CAD/ACTIVITY LOG – (when applicable)
- HANDWRITTEN REPORT(S)
- OTHER PERTINENT DOCUMENTS

DID YOU:

- ATTEMPT TO IDENTIFY THE SUBJECT OFFICER(S)**
- ATTEMPT TO LOCATE WITNESSES**

GIVE THE COMPLAINANT:

- CCC NUMBER
- CCIU 800 PHONE NUMBER (1-800-435-2035)

IF ALL BOXES ON THE FRONT OF THIS FORM ARE NOT COMPLETED STATE THE REASON

PHYSICAL CONDITION OF THE COMPLAINANT OR CIVILIAN WITNESS(ES); i.e. injuries, any visible marks, influence of drugs, alcohol. **NOTE: Any allegations of injuries to complainants or criminal activity committed by Members of the Service are to be brought to the immediate attention of the Commanding Officer of PIU.**

- COMPLAINANT:
- WITNESS:
- NO REPORT OF INJURIES**

Recording Officer's Name: _____
Print

Signature

Tour Commander's Name: _____
Print

Signature