

**NEW CASTLE COUNTY POLICE DEPARTMENT
OFFICIAL COMPLAINT FORM**

<i>Complainant's Name:</i>		<i>DOB:</i>
<i>Home Address:</i>		
<i>Email Address:</i>		
<i>Home Phone Number:</i>	<i>Work:</i>	<i>Mobile:</i>
<i>Involved Employee(s): Name and badge number, if known. Include physical description if unknown.</i>		
<i>Location of Incident:</i>		
<i>Date of Incident:</i>	<i>Time of Incident:</i>	
<i>List Names and Addresses of Witnesses:</i>		
<i>Detailed Description of Complaint (to be completed by Complainant):</i>		
<i>(If additional space is required, please use reverse side.)</i>		
<i>I hereby certify that the above information is true and correct to the best of my knowledge, information or belief.</i>		
<i>Signature of Complainant:</i>		<i>Date:</i>

NCCPD PROFESSIONAL STANDARDS UNIT USE ONLY

<i>Professional Standards Unit Control Number:</i>	
<i>Officer Receiving Complaint:</i>	
<i>Date/Time Received:</i>	<i>Received by: Ph., Letter, e-mail, PIC</i>
<i>Charges pending vs. Complainant:</i>	
<i>Officer Presenting Complaint</i>	<i>Date:</i>
<i>Allegation:</i>	

<input type="checkbox"/> Forwarded to Appropriate Supervisor for Follow-Up.
<input type="checkbox"/> Authorized for Professional Standards Unit Follow-Up.

<i>Ordered by:</i> Chief of Police	<i>D/T:</i>
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