

## TRENTON POLICE DEPARTMENT

### Complaint and Inquiry Form

Nature of Complaint: \_\_\_\_\_ Complaint Number: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

If applicable, list other complainants or witnesses:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Employee Involved: (1) \_\_\_\_\_ Division: \_\_\_\_\_

Employee Involved: (2) \_\_\_\_\_ Division: \_\_\_\_\_

Employee Involved: (3) \_\_\_\_\_ Division: \_\_\_\_\_

Incident Location: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Complaint Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Brief Summary of Complaint:

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Forwarded for Investigation to: \_\_\_\_\_ Date: \_\_\_\_\_

Employee(s) Notified in Writing by: \_\_\_\_\_ Date: \_\_\_\_\_

Employee(s) Notified of Rights and Responsibilities by: \_\_\_\_\_ Date: \_\_\_\_\_