









POLICE DEPARTMENT

PALISADES PARK, NEW JERSEY 07650

CAPT. ANTHONY MUCCIO
OFFICER IN CHARGE

HEADQUARTERS (201) 944-0900
DEPT. FAX: (201) 944-0766

OFFICE FAX: (201) 944-8457

CITIZEN COMPLAINT INFORMATION FORM

The members of the *Palisades Park Police Department* are committed to providing law enforcement services that are fair, effective, and impartially applied. It is in the best interest of everyone that a complaint about the performance of an individual employee or the agency in general be resolved fairly and promptly. The Palisades Park Police Department has formal procedures for investigating these complaints. These procedures ensure fairness while also protecting the rights of both citizens and employees.

- Your complaint will be sent to either a superior officer or specially trained internal affairs officer who will conduct a thorough and objective investigation.
- You may be asked to help in the investigation by giving a detailed statement about what happened or by 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 Bergen County Prosecutor's Office 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.

<u>It is unlawful to provide information in a matter that you do not believe to be true.</u> You may elect to telephone the Internal Affairs Officer at 201-585-4129 with any additional information or questions concerning the case.

PALISADES PARK POLICE DEPARTMENT INTERNAL AFFAIRS COMPLAINT FORM

PALISADES PA	RK POLI	CE DE	PARTMENT	IA #:					
Name:				Alias:					
Address:					<u> </u>				
City: State:			Zip Code:			1	Phone #:		
DOB:		SSN:		Age:		;	Sex:	Race:	
Employer/School:						1	Phone:		
Address:									
City:	City: State:			Zip Code:			Phone #:		
			INCIDE	ENT					
Nature of Complaint:									
Complaint Against:									
Complaint Against:									
Date:	Time:		Date/Time Reported:			How Reported:			
ncident Location:									
Description of Incider	nt:								
Description of Any Inj	uries								
				 					
Place of Treatment:						Date of	Date of Treatment:		
Signature of Complainant:				Date		Date:	: :		
Action Taken:									
No Further Action Re	quested By C	omplaina	nt: Signature of Co	mplainant a	and Date		_		
Referred to Other Age	encv:		_	L					
not be deliced by	Agend	cy Name/F	Representative						
Forwarded to Internal	Affairs Unit:	Date For	rwarded						
Employee Taking Complaint:							Date:		