

Collingswood Police Department
Employee Conduct Form – Use for a Complaint or Commendation

Please complete each section. If you need assistance in completing the form, please contact Collingswood Police Department Internal Affairs Officer at (856) 854-1901 x. 201.

- If you have been arrested, you are strongly encouraged to discuss your charges with an attorney.
- If information requires clarification, we will contact you.
- If you are filing a formal complaint, we need to be able to contact you, and you may be asked to meet with us in person.
- Please refer to the Form Instructions for completing this form.

Is this a complaint or a commendation? Check ☒ one box:

☐ Complaint

□ Commendation

Your information:

Last name: (Required)			First name: (Required)			Middle name or initial: (Required)		
Home Address – Street Address: (Required)			City: (Required)			State and Zip Code: (Required)		
Home phone: () -		Work phone: () -		Cell phone: () -		Email address:		
Other contact info:				Age: (Required for statistical data)			Race: (Required for statistical data)	

Incident information: (Required)

Date of incident: MM/DD/YYYY	Time of occurrence:	Address where incident occurred:	Location (i.e. Business Name)
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Description of incident: (Required)

Please describe what you believe the officer/employee did properly or improperly, and explain how you were personally involved in this incident. Attach another sheet, if necessary.

[illegible]

Collingswood Police Department employee(s) information (if known):

Employee's name:	Badge or ID #:
Employee's name:	Badge or ID #:

If the name(s) of the officer(s) or employee(s) is/are not known, please provide description(s).

Witness information:

Last name, first name:	Street Address, City, State:	Phone number:
Last name, first name:	Street Address, City, State:	Phone number:

Evidence information:

Occasionally, citizens have evidence or documentation that supports their complaint allegations. If so, please indicate what evidence or documentation you have, and be willing to provide a copy to the Police Department so that a thorough investigation can be completed.

Verification of complaint allegations: (REQUIRED)

Allegations of police employee misconduct are serious, and you are asked to verify that the information you have provided is true and correct, to the best of your knowledge.

By placing a checkmark (✓) in this box, ☐

"I hereby certify that the information in this complaint is true and correct, to the best of my knowledge and belief."

Signature (Required)

Date: ____/____/____
 MM DD YYYY

[Internal Affairs](#)