



JOHN A. SCRIVANIC
CHIEF OF POLICE
COMMANDING OFFICER

MUNICIPAL CENTER
556 TINTON AVENUE
TINTON FALLS, NJ 07724-3298
732-542-3400 EXT. 275
732-542-8858 FAX

Citizen Complaint Information Form

The members of the Tinton Falls 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 your complaint about the performance of an individual officer is resolved fairly and promptly. The Police Department has formal procedures for investigating your complaint. These procedures ensure fairness and protect the rights of both citizens and police officers.

Your complaint will be sent to a Superior Officer or specially trained Internal Affairs Officer who will conduct a thorough and objective investigation.

- *You might be asked to help in the investigation by giving a detailed statement about what happened or providing other important information.*

All complaints against police 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 County Prosecutor 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 department hearing.*
- *If our investigation shows that the complaint is unfounded or that the officer acted properly, the matter will be closed.*

It is unlawful to provide information in this matter that you do not believe to be true.

You may call the Internal Affairs Officer at (732) 542-4422 with any additional information or any questions you have about the case.

Tinton Falls Police Internal Affairs Report Form

DEPARTMENT		ORI NO.		INTERNAL AFFAIRS CASE NO.	
PERSON MAKING REPORT					
NAME				ALIAS	
ADDRESS					
CITY		STATE	ZIP	PHONE	
DOB	SSN	AGE	SEX	RACE	
EMPLOYER/SCHOOL				PHONE	
ADDRESS			CITY	STATE	ZIP
INCIDENT					
NATURE OF COMPLAINT					
COMPLAINT AGAINST (NAME(s))				BADGE NO(s)	
DATE	TIME	DATE/TIME REPORTED		HOW REPORTED	
INCIDENT LOCATION			DIST/AREA		BEAT
DESCRIPTION OF INCIDENT					
DESCRIPTION OF ANY INJURIES					
PLACE OF TREATMENT		DOCTOR'S NAME		DATE OF TREATMENT	
SIGNATURE OF COMPLAINANT (Optional)				DATE	
COMMENTS					
SIGNATURE			BADGE NO.	DATE RECEIVED	