

Pembroke Police Citizen
Complaint/Internal
Affairs Form

A relationship of trust between the employees of this police department and the citizens of the community is essential. As such, all police employees are expected to conduct themselves in such a manner as to reflect favorably upon themselves and the Pembroke Police Department.

- Protection of the public
- Protection of the employee
- Protection of the department

“PROTECT WITH HONOR SERVE WITH PRIDE”

NAME OF COMPLAINANT (LAST, FIRST, INITIAL)

PHONE NUMBER:

EMAIL ADDRESS:

NAME OF OFFICER COMPLAINED AGAINST:

BADGE#

DATE & TIME OF INCIDENT:

LOCATION:

NAME OF WITNESS(ES)

1. _____ ADDRESS _____

2. _____ ADDRESS _____

DESCRIBE INCIDENT

I HAVE READ THIS COMPLAINT REPORT AND I AFFIRM THAT THE STATEMENTS CONTAINED HEREIN ARE ACCURATE, TRUE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I {AM} {AM NOT} WILLING TO TESTIFY AT ANY HEARING IN CONNECTION WITH THIS COMPLAINT.

**SIGNATURE OF COMPLAINANT’S PARENT
OR GUARDIAN IF HE/SHE IS A MINOR**

SIGNATURE OF THE COMPLAINT

OFFICIAL USE ONLY

DATE & TIME REPORT RECEIVED:

DISPOSITION: