



New Castle City Police Department
 1 Municipal Boulevard
 New Castle, De 19720
 Tel: (302) 322-9800 – Fax: (302) 322-9825
www.newcastlecitypolice.com



Richard P. McCabe
 Chief of Police

CITIZEN'S COMPLAINT FORM

NCPD SOP 1 ADDENDUM

TODAYS DATE: _____

YOUR NAME: _____ **DATE OF BIRTH:** _____

YOUR ADDRESS: _____

YOUR PHONE: (HOME) _____ (CELL) _____

(FAILURE TO PROVIDE TELEPHONE NUMBER(S) WILL DELAY COMPLAINT PROCESSING)

YOUR EMPLOYER AND WORK ADDRESS: _____

NAME OF OFFICER YOUR COMPLAINT IS AGAINST AND BADGE NUMBER (IF KNOWN):

WHAT DID HE /SHE/THEY DO: _____

VICTIM (S) NAME & ADDRESS (if someone other than yourself): _____

WHEN DID THIS OCCUR: DAY: _____ DATE: _____ TIME: _____

WHERE DID THIS OCCUR: LOCATION/ADDRESS: _____

WERE THERE WITNESSES? YES _____ NO _____

NAME AND ADDRESSES: _____

WAS ANYONE ARRESTED? YES _____ NO _____ IF YES, WHO? _____

DEPARTMENT USE ONLY

| | | |
|--|------|------|
| Signature of Supervisor Receiving Complaint: | Date | Time |
| | | |

Below to be completed by reviewing staff officer

| | | |
|--|-----|----|
| Complaint Classification: | | |
| Complaint addressed/resolved (no additional action needed) | Yes | No |

| | | |
|----------------------------|------|------|
| Signature of Staff Officer | Date | Time |
| | | |

*******Formal Complaints will be forwarded to the Chief of Police*******

Formal Complaint Investigation:

Initiation of investigation:

- Forwarded to appropriate supervisor for investigation
- Authorized for Internal/Administrative investigation

Ordered By: _____
(Chief of Police Signature)

Assigned to: _____
(Investigator signature)

Date & Time: _____

Follow-up investigation (if necessary):

- Re-assign to appropriate supervisor
- Re-assign to Internal/Administrative Investigation

Order by: _____
(Chief of Police Signature)

Assigned to: _____
(Investigator Signature)

Date & Time: _____