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?** _____

_____

_____

PLEASE PROVIDE FURTHER DETAILS OF INCIDENT ON PAGE 2

CITIZEN'S COMPLAINT FORM

PAGE 2

DETAILS OF INCIDENT

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The undersigned hereby verifies that the statements made in the foregoing complaint are true and correct to the best of your knowledge, information and belief. I understand that false statements herein are made subject to the penalties of the DE Code T11/1233 relating to making a false written statement.

Date _____ Signature _____

Employee receiving complaint: _____ Date & Time _____

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DEPARTMENT USE ONLY

Signature of Supervisor Receiving Complaint:	Date	Time

Below to be completed by reviewing staff officer		
Complaint addressed/resolved (no additional action needed)	Yes	No

Signature of Staff Officer	Date	Time

Initiation of investigation:

( ) Cleared by Supervisor Review of Incident and Body Worn Camera if applicable

( ) 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: _____