

IA Case # _____

LIVINGSTON POLICE DEPARTMENT
PERSONNEL COMPLAINT FORM

333 S. Livingston Avenue
Livingston, NJ 07039
Phone: (973) 992-3000
Fax: (973) 992-6431

CONTINUATION/SUPPLEMENTAL

Page _____ of _____

Description of the Incident (Please be as specific and detailed as possible). USE ADDITIONAL SHEET(S) IF NECESSARY.

NOTICE: Any written statement made on this form, which the writer knows to be false, or one which the writer does not believe to be true, is punishable under New Jersey Law as a crime of the 4th degree (NJSA 2C:28-3).

I hereby declare under penalty of law that the information contained within this Personnel Complaint Form is true and correct.

By: _____
Complainant's Signature

Date and Time Signed

Witness to Affidavit: _____
Signature

Residence Address _____ Residence Phone _____

Date & Time Signed _____ Age of Witness _____

The Attorney General of the State of New Jersey requires that you answer the following questions for Statistical Purposes Only:

Age _____ Gender Male Female Race Asian/Pacific Islander Black/African American American Indian/Alaskan Native White Other _____