

**TOWNSHIP OF LONG HILL
POLICE DEPARTMENT**

PROFESSIONAL STANDARD COMPLAINT REPORT

CAD #	UCR#	PSU #	PROSECUTOR'S #	
COMPLAINANT				
NAME (YOU CAN REMAIN ANONYMOUS)			ALIAS	
ADDRESS				
CITY		STATE	ZIP	PHONE
SSN	AGE	SEX	RACE	
EMPLOYER/SCHOOL				PHONE
ADDRESS		CITY	STATE	ZIP
INCIDENT				
PROCEDURAL USE OF FORCE DEMEANOR OTHER:				
COMPLAINT AGAINST				
OFFICER'S NAME				BADGE #
OFFICER'S NAME				BADGE #
DATE/TIME OCCURRED		LOCATION		SECTION
DATE/TIME REPORTED		LOCATION		
DETAILS (GIVE DESCRIPTION OF ANY INJURIES, TREATMENT LOCATION, DATE, AND DOCTOR IF APPLICABLE.)				

<p>FALSE POLICE REPORTS TO LAW ENFORCEMENT AGENCY</p> <p>Anyone who makes a fictitious report to a law enforcement agency of an offense or incident knowing it did not occur, is a disorderly person and can be charged under 2C:28-4b1 of the New Jersey Criminal Justice Code.</p>	
NAME/SIGNATURE OF COMPLAINANT	DATE
REPORT RECEIVED BY:	DATE/TIME

PROFESSIONAL STANDARDS USE		
FORWARDED TO:	DATE/TIME	
PROFESSIONAL STANDARDS OFFICER SIGNATURE	BADGE	DATE

Please print and sign the completed form. Mail the completed form to:

Long Hill Township Police Department
 Attn: Chief of Police
 264 Mercer Street
 Stirling, NJ 07980