



Salem Police Department

9 Veterans Memorial Pkwy
Salem, New Hampshire 03079
Phone: 603-893-1911 Fax: 603-685-6475

Supv. Case # _____

COMPLAINT INTAKE FORM

Person making complaint: _____ D.O.B. _____

Home Address: _____

Work name and address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

What is the best time to contact you? _____

Person you are making the complaint against: _____

IF YOU DO NOT KNOW THE PERSON'S NAME, THEN DESCRIBE HIM/HER BELOW.

Date of Incident: _____ Time Occurred: _____ Case # _____

Location of Incident: _____

Describe what happened; be specific as to what was said. Include information on any witnesses.

Use Additional Voluntary Statement Form if required

Purposely making false, misleading, or deceptive statements in this report may lead to civil or criminal prosecution under New Hampshire RSA 641:3 Unsworn Falsification or New Hampshire RSA 641:4 False Reports to Law Enforcement.

Printed name of person filing complaint

Date

Signature of person filing complaint

Signature of Supervisor

PERSONNEL COMPLAINT REPORT RECEIPT

SUPERVISOR CASE NUMBER: _____

On _____, (NAME) _____

filed a complaint with the Salem Police Department concerning the conduct of:

_____.

This was in reference to an incident which occurred on _____

and was documented in report/citation number _____. This form acknowledges receipt of the complaint. You should be aware of the following:

1. The Salem Police Department investigates all complaints against the agency and/or its employees. All complaints are handled in an impartial manner.
2. The Salem Police Department will investigate this allegation as an administrative matter (Violation of General Orders) unless there is evidence a crime was committed.
3. In administrative investigations, the burden of proof is "preponderance of the evidence."
4. Sworn statements may have to be taken from me or other persons who might be witnesses.
5. I will be notified of the status of my complaint during the course of the investigation and at the conclusion.
6. The accused officer or employee has rights the Salem Police Department cannot violate during the investigation.
7. I have received a copy of the completed Initial Personnel Complaint Report.
8. If I have any further questions, I can call and speak with the supervisor assigned to investigate the complaint.

Signature of person filing complaint

Date

Printed name of Supervisor receiving complaint

Date

Signature of Supervisor receiving complaint

YOU WILL BE PROVIDED A COPY OF THIS FORM AND YOUR COMPLAINT.