EPD/OPS-1 (12/06)	EASTON POLICE DEPARTMENT	OPS CONTROL #
	COMPLAINT REPORT FORM	INCIDENT #

COMPLAINANT INFORMATION   SEX: [ ] F / [ ] M

(Circle all that apply)	**Race:** White / Black / Hispanic / Non-Hispanic / Asian / Native American / Pacific Islander

NAME:	FIRST	M.I.	LAST	DATE OF BIRTH

ADDRESS:	STREET		
	CITY/TWSP/BORO	STATE	ZIP CODE

PHONE NUMBER:	HOME:	WORK:	CELL:

EMAIL ADDRESS: _____

WITNESSES TO INCIDENT

NAME:	ADDRESS:	TELEPHONE #:
NAME:	ADDRESS:	TELEPHONE #:
NAME:	ADDRESS:	TELEPHONE #:
NAME:	ADDRESS:	TELEPHONE #:

OFFICERS INVOLVED

NAME:	ID/BADGE #	
NAME:	ID/BADGE #	
NAME:	ID/BADGE #	
NAME:	ID/BADGE #	

WHERE DID THIS INCIDENT OCCUR?

WHEN DID THIS INCIDENT OCCUR?   DATE: TIME:

DID YOU OR SOMEONE WITH YOU SUFFER ANY BODILY INJURY DUE TO THE OFFICER'S ACTIONS?

[ ] YES / [ ] NO

IF THERE WAS AN INJURY DESCRIBE:

WERE YOU TREATED BY MEDICAL PERSONNEL FOR ANY INJURIES THAT WERE SUSTAINED?

[ ] YES / [ ] NO

IF MEDICAL TREATMENT WAS RECEIVED WHERE DID THE TREATMENT TAKE PLACE?
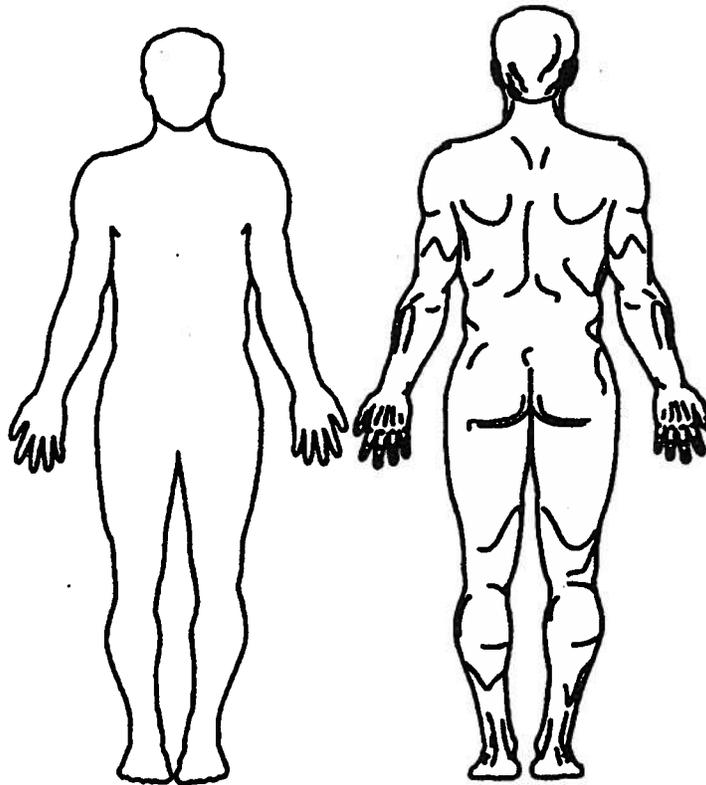
NAME OF HOSPITAL: _____   NAME OF DOCTOR:

EMS (IF RESPONDED) _____

WILL YOU SIGN A RELEASE OF INFORMATION TO ALLOW THE POLICE DEPARTMENT TO OBTAIN MEDICAL RECORDS REGARDING YOUR INJURY AND TREATMENT FROM THE MEDICAL PERSONNEL, MEDICAL FACILITY OR PHYSICIAN WHO TREATED YOU?

[ ] YES / [ ] NO

IF FORCE WAS USED IDENTIFY APPLICATION AREA ON DIAGRAM BELOW

NAME OF SUBJECT:
(FORCE WAS APPLIED TO) _____

TYPE OF FORCE USED: _____

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PLEASE DESCRIBE IN YOUR OWN WORDS WHAT OCCURRED:
SUMMARY OF EVENTS

Complainants Signature_____ **Date**_____

SUMMARY OF EVENTS (CONTINUED)

Complainants Signature_____ **Date**_____

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SUPERVISOR RESOLVED COMPLAINT AT TIME OF FILING
EXPLAIN BELOW

***** EPD USE ONLY *****
TYPE OF ALLEGATION

(CHECK ALL THAT APPLY)	[ ] PHYSICAL ABUSE	[ ] IMPROPER CONDUCT ON DUTY
	[ ] VERBAL ABUSE	[ ] IMPROPER CONDUCT OFF-DUTY
	[ ] CRIMINAL CONDUCT	[ ] DISSATISFACTION WITH JOB PERFORMANCE
	[ ] DRUG USE/ABUSE	[ ] OTHER_____

RECEIVED BY:		ID/BADGE #:
DATE RECEIVED	TIME RECEIVED	LOCATION RECEIVED

INVESTIGATOR(S) ASSIGNED

NAME	ID/BADGE #
NAME	ID/BADGE #

OPS CONTROL NUMBER ISSUED BY:	DATE ASSIGNED:	DUE DATE: