Warren Police Department

Citizen Complaint

Internal Affairs Complaint

Type of Complaint: IA#

Complainant Name:
(Last, First, Middle Initial)

Complainant Address:
(House, Street, Apartment, Town, State, Zip Code)

Complainant's Date of Birth: SSN:

Complainant's Phone# Best Time to Contact:

Employee(s) Involved

Name (Last, First) Badge # Rank Shift

Name (Last, First) Badge Rank Shift

Witnesses

Name (Last, First) Address: Phone:

Name (Last, First) Address: Phone:

- How was this complaint received? (phone, in person, mail, other)
- Complaint received by:
- Location of the Incident/Contact
- Date Occurred: Time Occurred:

Internal Affairs Complaint

Brief description of the Incident:

Affirmation by the Complainant:

I do solemnly swear or affirm that the information above is true to the best of my knowledge. I understand that based upon this complaint, an investigation will be conducted and if substantiated, appropriate action will be taken. I also understand that if the investigation proves the allegations were known to me to have been false when the complaint was filed, that the accused police employee may pursue legal remedies against me.

Complainant's Signature Date Signed