

# Moorestown Police Department

Lee R. Lieber  
*Chief of Police*

1245 N CHURCH ST. SUITES 2 & 3  
MOORESTOWN, NJ 08057  
EMERGENCIES DIAL 9-1-1  
NON EMERGENCIES: 856-234-8300  
POLICE ADMINISTRATION: 856-235-1405  
FAX: 856-235-9178

## CITIZEN COMPLAINT INFORMATION FORM

The members of the Moorestown Police Department are committed to providing law enforcement services that are fair, effective, and impartially applied. It is in the best interest of everyone that a complaint about the performance of an individual employee or the agency in general be resolved fairly and promptly. The Moorestown Police Department has formal procedures for investigating these complaints. These procedures ensure fairness while also protecting the rights of both citizens and employees.

- » Your complaint will be sent to either a superior or specially trained internal affairs officer who will conduct a thorough and objective investigation.
- » You will be asked to help in the investigation by giving a detailed statement about what happened or by providing other important information.
- » All complaints against employees or the agency in general are thoroughly investigated. You will be advised in writing of the outcome of the investigation.
- » If our investigation shows that a crime might have been committed, the county prosecutor will be notified. You might be asked to testify in court.
- » If our investigation shows that the complaint is unfounded or that the employee acted properly, the matter will be closed.
- » All disciplinary hearings shall be closed to the public unless the defendant officer requests an open hearing.

***It is unlawful to provide information in a matter that you do not believe to be true.***

You may elect to contact the Internal Affairs Officer, Lt. Howard Mann, Jr. at 856-914-3043, or email [hmannjr@moorestownpd.com](mailto:hmannjr@moorestownpd.com), with any additional information or questions concerning the case.

## INTERNAL AFFAIRS REPORT FORM

### Person Making Report (Optional, But Helpful)

Preferred?

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (Apt #) \_\_\_\_\_ Email \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Officer(s) Subject to Allegation (Provide Whatever Info Is Known)

Officer(s) Name \_\_\_\_\_ Badge No. \_\_\_\_\_

Incident Location \_\_\_\_\_ Date/Time \_\_\_\_\_

In the space below, describe the type of incident (traffic stop, street encounter) and any information about the alleged conduct. If you cannot fit your response below, feel free to use extra pages and attach them to this document. If you do not know the officer's name or badge number, provide any other identifying information.

### Other Information

How was this reported?  In Person  By Phone  By Letter  By Email  Other \_\_\_\_\_

Any physical evidence submitted?  Yes  No If yes, describe: \_\_\_\_\_

Was incident previously reported?  Yes  No If yes, describe: \_\_\_\_\_

### To Be Completed by Officers Receiving Report

\_\_\_\_\_  
Officer Receiving Complaint Badge No. \_\_\_\_\_ Date/Time \_\_\_\_\_

\_\_\_\_\_  
Supervisor Reviewing Complaint Badge No. \_\_\_\_\_ Date/Time \_\_\_\_\_

INTERNAL AFFAIRS INVESTIGATION REPORT  
CONTINUATION PAGE

CASE NUMBER:

NAME OF COMPLAINANT

CONTINUATION FROM PREVIOUS PAGE(S):



PAGE NUMBER

DATE

RANK – NAME

**CONFIDENTIALITY NOTICE:**

*The information contained in this report is privileged and confidential and is intended for the sole use of the persons or entities as authorized by the Chief of Police or designee.*

REVIEWED BY:

DATE:

DEPARTMENT CASE NUMBER