



Emerson Police Department

1 Municipal Place, Emerson, N.J. 07630
HQ: (201) 262-2800 FAX: (201) 262-2886

Michael Mazzeo
Chief of Police

Citizen Complaint Information Sheet

The members of the Emerson 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 your complaint about an individual officer is resolved fairly and promptly. The Emerson Police Department has formal procedures for investigating your complaint. These procedures ensure fairness and protect the rights of both citizens and law enforcement officers.

- ✓ Your complaint will be sent to a superior officer or a specially trained internal affairs officer who will conduct a thorough and objective investigation.
- ✓ You may be asked to help in the investigation by giving a detailed statement about what happened or provide other important information.
- ✓ All complaints against law enforcement officers are thoroughly investigated. You will be advised of the outcome of the investigation.
- ✓ If our investigation shows that a crime might have been committed, the Bergen County Prosecutor will be notified. You might be asked to testify in court.
- ✓ If our investigation results in an officer being charged with a violation of department rules, you might be asked to testify in a departmental hearing.
- ✓ If our investigation shows that the complaint was unfounded or that the officer acted properly, the matter will be closed.
- ✓ All disciplinary hearings shall be closed to the public unless the defendant officer requests and open hearing.

**** It is unlawful to provide information in this matter, which you do not believe to be true. ****

You may call the Internal Affairs Unit at (201) 262-2800 with any additional information or any questions about the case.



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INTERNAL AFFAIRS REPORT FORM

DEPARTMENT	ORI #	IA CASE #
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PERSON MAKING REPORT

NAME		ALIAS		
ADDRESS				
CITY		STATE	ZIP	PHONE
DOB	SSN	AGE	SEX	RACE
EMPLOYER/SCHOOL			PHONE #	
ADDRESS		CITY	STATE	ZIP

INCIDENT

NATURE OF COMPLAINT			
COMPLAINT AGAINST NAME(S)			BADGE # (s)
DATE	TIME	DATE/TIME REPORTED	HOW REPORTED
INCIDENT LOCATION			
DESCRIPTION OF INCIDENT			
DESCRIPTION OF ANY INJURIES			
PLACE OF TREATMENT	DOCTOR'S NAME		DATE OF TREATMENT
SIGNATURE OF COMPLAINANT (Optional)			DATE
COMMENTS			
SIGNATURE	BADGE #		DATE RECEIVED