



Emerson Police Department

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

Michael Mazzeo
Chief of Police

COMPLAINT/WITNESS STATEMENT

DATE: _____

CASE #: _____

Complaint/Witness Information (All information **MUST** be filled in)

Name: _____ Birth Date: _____

Address: _____ SS #: _____

Cell Phone: _____ Home Phone: _____ DL #: _____

Type of Complaint: _____

I _____ do solemnly swear that the statement given above is true and accurate to the best of my knowledge, and I am aware that a false or misleading statement to the Police is a violation of New Jersey State Statue 2C:28-4, a fourth degree crime punishable by up to \$1000.00 dollar fine and or up to 18 months in jail.

Signature of Complainant/Witness: _____

Witnessing Officer: _____