



Beach Haven Police Department Civilian Complaint Information Sheet

The members of the Beach Haven Police Department are committed to providing law enforcement services that are fair, effective, and impartially applied. It is in the best interests of everyone that your complaint about the performance of an individual officer is resolved fairly and promptly. The Police Department has formal procedures for investigating your complaint. These procedures are designed to ensure fairness and protect the rights of both citizens and law enforcement officers:

1. Reports or Complaints of officer/employee misconduct must be accepted from any person, including anonymous sources, at any time.
2. Complaints shall be accepted regardless of age, race, ethnicity, religion, gender, sexual orientation, disability, or immigration status of the complaining party.
3. Your complaint will be sent to a superior officer or a specially trained internal affairs officer who will conduct a thorough and objective investigation.
4. You might be asked to help in the investigation by giving a detailed statement about what happened or providing other important information or documents.
5. All complaints against law enforcement officers are thoroughly investigated. You will be kept informed of the status of the investigation and its ultimate outcome, if requested, and you provide contact information. The exact discipline imposed is confidential, but you will be advised of the ultimate finding, namely :
 - a. Sustained: A preponderance of the evidence shows an officer violated any law; regulation; directive, guideline, policy, or procedure issued by the Attorney General or County Prosecutor; agency protocol; standing operating procedure; rule; or training.
 - b. Unfounded: A preponderance of the evidence shows that the alleged misconduct did not occur.
 - c. Exonerated: A preponderance of the evidence shows the alleged conduct did occur, but did not violate any law; regulation; directive, guideline, policy, or procedure issued by the Attorney General or County Prosecutor; agency protocol; standing operating procedure; rule; or training.
 - d. Not Sustained: The investigation failed to disclose sufficient evidence to clearly prove or disprove the allegation.
6. 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.
7. 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.
8. If our investigation shows that the complaint is unfounded or that the officer acted properly, the matter will be closed.
9. Internal affairs investigations are confidential and all disciplinary hearings shall be closed to the public unless the defendant officer requests an open hearing.
10. You may call Captain Thomas Medel, ext 111, Sgt. Lisa Fay, ext 113, or Det. Thomas Daly, ext 104 at any additional information or any questions about the case.



**Beach Haven Police Department
Internal Affairs Complaint Form**

Department:	Case No:	IA Case No:
--------------------	-----------------	--------------------

****Please fill in as much information as possible. Your information will be handled with the utmost confidentiality****

Person Making Report

Name	Alias	DOB
Address	State	Zip
City	Phone(H)	Phone(C)
SSN	Sex	Race
Employer/School	Address	Phone

Incident

Nature of Complaint	
Complaint Against (Name(s) and Badge #)	
Date and Time of Incident	
Incident Location	
Victim(s) Name, address, phone #, age	
Description of any injuries	
Place/Date of treatment	
Doctor's Name	
Signature of Complainant	
Date of Report	

Incident Description

Description of Incident: (continue on back if needed)

Witnesses (List Name, Address, and Phone):

1) Name: _____ 2.) Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

****Please keep in mind it is unlawful to provide false information. It is a fourth degree crime to make a false statement as per NJSA 2C:28-3****

X _____ Date: _____
Signature of Complainant

X _____ Date: _____
Signature of Officer Receiving Complaint

IA Officer		Signature	Date of Review:
IA Supervisor		Signature	Date of Review: