

**PORTSMOUTH POLICE DEPARTMENT**  
**Internal Investigation Complaint Form**

TYPE OF COMPLAINT:

CASE NUMBER:

COMPLAINANT: (Last, First, M)

(Address)

Date Of Birth

Home Phone

Business Phone

Best time to contact

EMPLOYEE(S) INVOLVED

NAME: (Last, First, M)

Phone Number

Address

NAME: (Last, First, M)

Phone Number

Address

How complaint received (Person/Tel/Mail/Other)

Received by (Superior Taking Complaint)

Date/Time Received

Location of Incident

Date Occurred

Time Occurred

Brief Description of Incident

COMPLAINANT'S AFFIRMATION

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

\_\_\_\_\_  
Complainant's Signature