



LINWOOD POLICE DEPARTMENT

400 POPLAR AVE
LINWOOD, NJ 08221

Steven M. Cunningham
Chief of Police



(609) 927-5252
Fax (609) 926-8216
Admin Fax (609) 927-4918

Dear Sir or Madam:

The members of the Linwood 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 Linwood Police Department has formal procedures for investigating your complaint. These procedures ensure fairness and protect the rights of both citizens and police officers.

Your complaint will be sent to a Commanding Officer or specially trained Internal Affairs Officers who will conduct a thorough and objective investigation.

You might be asked to help in the investigation by giving a detailed statement about what happened or by providing other important information.

All the complaints against police officers 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 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 is unfounded or that the officer acted properly, the matter will be closed.

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 609-926-7978 with any additional information or any questions about the case.

Very truly yours,

Steven M. Cunningham

Steven M. Cunningham, Chief of Police



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PERSON MAKING REPORT				
NAME			ALIAS	
ADDRESS				
CITY		STATE	ZIP	PHONE
DOB	SSN	AGE	SEX	RACE
EMPLOYER/SCHOOL			WORK PHONE	
WORK ADDRESS		CITY	STATE	ZIP
INCIDENT				
NATURE OF COMPLAINT				
OFFICER(S) YOU ARE FILING COMPLAINT AGAINST			BADGE NO(S)	
1.				
2.				
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	