



**Ridgefield Park Police Department**  
**234 Main Street**  
**Ridgefield Park, NJ 07660**



**Chief Edward Rose**

**Citizen Complaint Information Sheet**

The members of the Ridgefield Park 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 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 might be asked to help in the investigation by giving a detailed statement about what happened or providing other important information.
- ✓ All complaints against law enforcement 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 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 a complaint is 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 an open hearing.

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

You may call **Lt. Christopher Thibault at 201-641-4950 ext. 138** with any additional information or questions about this case.



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## INTERNAL AFFAIRS REPORT FORM

DEPARTMENT	ORI	INTERNAL AFFAIRS CASE NO.
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### PERSON MAKING REPORT

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

### INCIDENT

NATURE OF COMPLAINT			
COMPLAINT AGAINST (NAME(s))			BADGE NO(s)
DATE	TIME	DATE/TIME REPORTED	HOW REPORTED
INCIDENT LOCATION			OCA
DESCRIPTION OF INCIDENT			
DESCRIPTION OF ANY INJURIES			
PLACE OF TREATMENT	DOCTOR'S NAME	DATE OF TREATMENT	
SIGNATURE OF COMPLAINANT (Optional)			DATE
COMMENTS			
SIGNATURE	BADGE NO.	DATE RECEIVED	