

# MONMOUTH UNIVERSITY

## INTERNAL AFFAIRS INFORMATION SHEET

The members of the Monmouth University 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 investigator 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 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 at a departmental hearing.
- ✓ If our investigation shows that the complaint is unfounded or that the officer acted properly, the matter will be closed.
- ✓ You may provide additional information by calling 732-571-4444

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## MONMOUTH UNIVERSITY POLICE INTERNAL AFFAIRS REPORT FORM

DEPARTMENT: <b>Monmouth University P.D.</b>		DIVISION:		IA CASE #	
NAME:			DO YOU HAVE ANY OTHER NAMES? IF SO, PLEASE LIST		
HOME ADDRESS:			CITY	STATE	ZIP
TELEPHONE NUMBER		CELL PHONE NUMBER		E-MAIL ADDRESS	
DATE OF BIRTH	AGE	SEX MALE FEMALE	RACE ASIAN/PACIFIC ISLANDER AMERICAN INDIAN/ALASKAN		BLACK/AFRICAN AMERICAN WHITE OTHER: _____
EMPLOYER/SCHOOL:				TELEPHONE:	
ADDRESS:			CITY	STATE	ZIP
NATURE OF COMPLAINT <i>(Please describe your complaint):</i>					
COMPLAINT AGAINST <i>(Name(s) if know) or description of employee(s):</i>			BADGE/ID#		
1.			Police		
2.			Police		
DATE OF OCCURRENCE:		TIME OF DAY:	LOCATION OF OCCURRENCE:		
WITNESS(Name):		ADDRESS		PHONE	AGE
WITNESS(Name):		ADDRESS		PHONE	AGE
DESCRIPTION OF INCIDENT <i>(Please be as specific and detailed as possible, use additional sheet(s) if necessary)</i>					
_____			_____		
Complainant's Signature			Date/Time Signed		
<b>FOR AGENCY USE ONLY:</b>					
METHOD RECEIVED:		Walk-In	Telephone	US Mail	Other:
RECEIVED BY <i>(NAME/ID#)</i> :		SIGNATURE:		DATE/TIME:	

