



Todd Muilenberg
Chief of Police

JAFFREY POLICE DEPARTMENT

HONOR~INTEGRITY~COURAGE~RESPECT



26 Main Street
Jaffrey, N.H. 03452

COMPLAINT AGAINST POLICE PERSONNEL

Please complete this form to the best of your abilities and submit it to a Jaffrey Police Department supervisor as soon reasonably possible. You can email it police@townofjaffrey.com, mail it to 26 Main Street, Jaffrey, NH, 03452, or drop it off in person during normal business hours. If you need assistance please call 603-532-7865.

COMPLAINANT INFORMATION		
Name:	Date of Birth:	
Address:		
Phone Numbers:	Cell-	Home-
Email:		

WITNESS INFORMATION		
Name:	Date of Birth:	
Address:		
Phone Numbers:	Cell-	Home-
Email:		
Name:	Date of Birth:	
Address:		
Phone Numbers:	Cell-	Home-
Email:		

OFFICER(S) SUBJECT OF COMPLAINT	
Name:	Rank:
Badge Number:	
Physical description if name/badge unknown:	
Name:	Rank:
Badge Number:	
Physical description if name/badge unknown:	

STATEMENT OF ALLEGATION	
(Please describe the nature of the complaint/incident as thoroughly as possible.)	
Date/Time of Incident:	Location:

OATH OF VALIDITY	
I understand that this form will be submitted to the Jaffrey Police Department and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily and without persuasion, coercion, or promise of any kind.	
Signature:	Date:

-JPD ADMINISTRATIVE USE ONLY-		
Receiver:	Signature:	Date: