



TOWNSHIP OF MONTCLAIR POLICE DEPARTMENT  
 OFFICE OF PROFESSIONAL STANDARDS  
 Citizen Compliment/Complaint Form



**1 Please provide your name, address and contact numbers or you may remain anonymous:**

YOUR NAME	HOME TELEPHONE	WORK TELEPHONE
HOME ADDRESS – NUMBER & STREET	CITY	STATE ZIP CODE
WORK ADDRESS – NUMBER & STREET	CITY	STATE ZIP CODE

**2 In order to begin the process of identifying the member(s) of the Montclair Police Department to whom you are referring, please provide the employee's name , badge number, vehicle number and /or a physical description of the member(s). The information that you provide below will assist the Office of Professional Standards in addressing your compliment or complaint.**

Officer's Name	Badge	Vehicle Number	Officer's Physical Description
1.	1.	1.	1.
2.	2.	2.	2.

  

DATE AND TIME OF INCIDENT	LOCATION OF INCIDENT
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**3 Please provide a brief description of the event that occurred. Feel free to attach additional sheets if necessary.**

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This form is in triplicate. **Please retain the bottom copy for your records.** In order to formalize your compliment/ complaint, please submit this form to the Desk Supervisor at Police Headquarters, or mail to:

**Montclair Police Department  
 Office of Professional Standards  
 647 Bloomfield Avenue  
 Montclair, NJ 07042**

You may also call 973-744-1234 and ask for the Office of Professional Standards. A member of the Office of Professional Standards will contact you within five business days.

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Complaint# \_\_\_\_\_