



WYCKOFF POLICE DEPARTMENT

340 Franklin Avenue
Wyckoff, New Jersey 07481



David V Murphy
Chief of Police

Person Making Report (Optional, But Helpful)

Full Name _____	Phone _____	Preferred? <input type="checkbox"/>
Address _____	Email _____	<input type="checkbox"/>
City, State _____	DOB _____	

Officer(s) Subject to Allegation (Provide Whatever Info Is Known)

Officer(s) _____	Badge No. _____
Incident Site _____	Date/Time _____

In the space below, describe the type of incident (traffic stop, street encounter) and any information about the alleged conduct. If you cannot fit your response below, feel free to use extra pages and attach them to this document. If you do not know the officer's name or badge number, provide any other identifying information.

Other Information

How was this reported? In Person Phone Letter Email Other _____

Any physical evidence submitted? Yes No If yes, describe: _____

Was incident previously reported? Yes No If yes, describe: _____

To Be Completed by Officers Receiving Report

_____ Officer Receiving Complaint	_____ Badge No.	_____ Date/Time
_____ Supervisor Reviewing Complaint	_____ Badge No.	_____ Date/Time