

# STRATHAM, NH POLICE DEPARTMENT

## Internal Affairs Complaint Form: SPD-F-25



### INTERNAL AFFAIRS COMPLAINT FORM

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Report Completed by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

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Complainant's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Witnesses Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Witnesses Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

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Nature of Complaint: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Date/Time Occurred: \_\_\_\_\_

Synopsis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Page(s) \_\_\_\_\_ Yes \_\_\_\_\_ No (Please use the back of this form if needed)

Officer/Personnel Involved \_\_\_\_\_  
(Badge/ID Number)

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I do solemnly swear that the above information is true to the best of my knowledge. I understand that based on this complaint, an investigation will be conducted and that if substantiated, appropriate action will be taken. I further understand that if the investigation proves the allegations were known by me to have been false when the complaint was signed that the Stratham Police Department and/or the affected employee (s) may pursue legal remedies against me.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Investigating Officer: \_\_\_\_\_

IA Log # (if applicable): \_\_\_\_\_