Seabrook Police Department

Employee Complaint Form *(Attach additional sheets if needed)*

N Complaint Type (Check all that apply):
((( ) Use of force ( ) Property ( )Racial Profiling
((( )Procedural ( ) Conduct ( ) Other

C Complainant Name:_____Phone Number:_____

H Home Address:_____City:_____ Zip:_____

D Drivers License#:_____Social Security#:_____Other Phone#_____

P Person(s) Complained Against (Include Name and Physical Description, if known):_____
_____

W Witness Information:_____ _____ _____
Name Home Phone Other Phone

Summary of Complaint (Including time, date and location):

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Signature of complainant: _____ **Date:**_____