

MILFORD BOROUGH POLICE DEPARTMENT CITIZEN COMPLAINT FORM

The policy of the Milford Borough Police Department is to investigate complaints of misconduct on the part of any Police Officer or employee of the Department. In order to allow proper investigation of alleged police/employee misconduct, the attached form must be filled out completely before it is submitted to the Department for review.

The completed form must be returned to the Chief of Police of the Milford Borough Police Department. In the event the complaint is in reference to the Chief of Police, the completed form may be returned to the Milford Borough Mayor. In either case, receipt of the complaint will be acknowledged by email within 72 hours of receipt.

The completed form may serve as the basis for an investigation of the allegations. The person making the complaint may be contacted by the Chief of Police, Mayor and/or the Borough Solicitor, or their designee, for an interview, the formal taking of a statement, or clarification of the allegations.

It also should be noted that a person who knowingly makes false, untrue or malicious complaints may be subject to criminal prosecution. State Law states that a false report filed with a police agency may constitute a crime punishable by a fine or imprisonment as provided by law.

As a matter of policy, each person who makes a formal complaint against a Milford Borough Police Department employee will be informed of the final result of the investigation. If you have any questions about the internal investigation policy or procedures, please contact the Chief of Police at (570) 296-5959.

Please download and complete the form and then email it to Milford Police Department Chief Matthew McCormack at mmccormack@milfordboro.org.

MILFORD BOROUGH POLICE DEPARTMENT

CITIZEN COMPLAINT FORM

Complaint Number: _____

Complainant

Name

Email Address

Telephone

Street

City

State/Zip Code

Witness (If any)

Name

Email Address

Telephone

Street

City

State/Zip Code

Officer(s) Involved

Name and/or Badge #

Name and/or Badge #

Location and Time of Incident

Location

Day and Time of Incident

Description of Incident (Be as specific as possible; use additional paper if needed)

Complainant's Signature	Date
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FOR INTERNAL MPD USE ONLY

Date Complaint Received

Received by (Chief/Mayor/Solicitor)

Complaint able to be resolved at time submitted: Yes_____ No_____

Complaint requires additional follow up investigation: Yes_____ No_____

Reviewed By: _____ Date _____

Investigative Results Emailed to Complainant Date _____