



**TSERA SPECIAL POLICE ADMINISTRATION**  
**INTERNAL AFFAIRS AND PROFESSIONAL STANDARDS**  
**FORMAL WRITTEN COMPLAINT FORM**  
 8 THE GREEN, STE. 14193 – DOVER, DE 19901  
 +1 (302) 426-2111

**INSTRUCTIONS:** Please complete this form in full, providing as as much detail as possible and return the original to the address provided above. Do not submit this form to any other location.

\_\_\_\_\_ FULL LEGAL NAME

\_\_\_\_\_ CURRENT ADDRESS

\_\_\_\_\_ CITY STATE ZIP

\_\_\_\_\_ EMAIL ADDRESS

\_\_\_\_\_ REPRESENTATIVE OR PERSON ASSISTING IN COMPLETION OF COMPLAINT (If Applicable)

\_\_\_\_\_ PHONE OTHER PHONE

Are you a resident in the city or jurisdiction where the alleged incident occurred? YES or NO  
 IF NO: Provide additional information regarding your presence in the area.

Location information or who you are staying with \_\_\_\_\_

How long will you be in the area (Years, Months, Weeks, or Days)?

Date/Time of Occurrence \_\_\_\_\_ Date of Complaint \_\_\_\_\_

Location Occurred \_\_\_\_\_

Names and/or badge numbers of all personnel involved if known.  
*If unknown please provide a detailed description.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STATEMENT:** PROVIDE A DETAILED NARRATIVE OF THE INCIDENT. IF THE COMPLAINT INVOLVES VERBAL ABUSE OR RUDENESS, STATE THE SPECIFIC TERM, PHRASE, OR LANGUAGE CONSIDERED TO BE OFFENSIVE. IF THE COMPLAINT CONCERNS DISSATISFACTION WITH AN INVESTIGATION, JUDICIAL MATTER, PATROL INTERACTION, PROTECTIVE/SECURITY, POLICE MATTER, ARREST/DETENTION, OR OTHER SERVICE, EXPLAIN WHAT ACTION OR OMISSION WAS UNACCEPTABLE. PLEASE STATE IF YOU OR ANYONE ELSE HAS OR MAY HAVE ANY PHOTOGRAPHIC, AUDIO, OR VIDEO EVIDENCE TO SUPPORT YOUR STATEMENT. PLEASE LIST ANY KNOWN WITNESSES WHO WERE PRESENT. IF ADDITIONAL SPACE IS NEEDED, USE THE NEXT PAGE.

Statement (Part I)

Statement (Part II)

[Large empty rectangular box for statement content]

I, THE UNDERSIGNED HEREBY CERTIFY THAT ALL FOREGOING INFORMATION IS TRUTHFUL, AND VERIFY THAT ALL STATEMENTS MADE IN THE FOREGOING COMPLAINT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE HEREIN MAY RESULT IN CRIMINAL PROSECUTION AND/OR CIVIL COMPLAINT/ACTION.

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

\_\_\_\_\_  
SIGNATURE OF PERSON ASSISTING COMPLAINANT  
(IF APPLICABLE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

FOR TSERA SPECIAL POLICE USE ONLY			
TIME	DATE RECEIVED	COMPLAINT ORIGINAL & COMPLETE	CASE NUMBER ASSIGNED
INDICATE ANY ADDITIONAL FORMS OR ENTRIES MADE IN AGENCY RECORDS WITH DATES			
ID NO.	SIGNATURE OF REPRESENTATIVE RECEIVING COMPLAINT FORM		Number of Pages Received