



HPD Control No. \_\_\_\_\_

### HAMPSTEAD POLICE DEPARTMENT

#### Statement of Incident

CONFIDENTIAL

Name of Complainant: \_\_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Victim(s) name: \_\_\_\_\_

Day, Date & Time of Incident: \_\_\_\_\_ DR#: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Employee(s) against whom the complaint is being filed:

Rank:	Name:	ID#
_____	_____	_____
_____	_____	_____
_____	_____	_____

Witness(s) Name:	Address:	Phone #:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Statement of Allegation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complaint of Brutality:  Yes  No

\_\_\_\_\_  
Signature of individual receiving the Complaint of Brutality

I understand that this statement of complaint will be submitted to the Hampstead Police Department and may be the basis for an investigation. Further, I sincerely and truly declare and affirm, under the penalties of perjury, that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare that my statement has been made voluntarily without persuasion, coercion, or promise of any kind.

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

\_\_\_\_\_  
Person Receiving Complaint

\_\_\_\_\_  
ID#

\_\_\_\_\_  
Date & Time

\_\_\_\_\_  
Signature of Commanding Officer