



## Seaford Police Department Commendation / Complaint Form

300 Virginia Ave  
Seaford, DE 19973

Office Use Only: IA#: _____
Initials: _____
Date: _____

**Instructions:** If you would like to praise a Seaford Police Department employee, or file a complaint against a police employee, please write legibly and fill out this form. Personal information will not be disclosed to the public, unless required by law. You can submit this form by mailing or returning it to the Seaford Police Department at the address given at the top of this page.

**I wish to file a (please check one):**     **Commendation**     **Complaint**

**If you are filing a complaint, indicate the type of complaint you wish to file (you must check one):**

**Formal Complaint:** Involves a serious allegation of misconduct, and I want my complaint officially investigated, for which discipline may be imposed, if the allegation(s) are sustained.

**Informal Complaint:** Involves a minor complaint or concern, and I only want my complaint/concerns on record. I understand it will be for informational purposes only, will not be formally investigated. However, the matter will be discussed with the employee(s) involved.

*Information about you:*

Last Name		First Name		M.I.	Date of Birth
Street Address and APT#			City	State	Zip Code
Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic/Non-Hispanic:	Email Address:		
Home Phone	Work Phone		Cell Phone		

*Are you filing this on behalf of someone else?*     **Yes**     **No**. *If Yes, then complete this section.*

Last Name		First Name		M.I.	Date of Birth
Street Address and APT#			City	State	Zip Code
Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic/Non-Hispanic:	Email Address:		
Home Phone	Work Phone		Cell Phone		

*Information about the incident:*

Location or Address of Incident:		Date of Incident:	Time of Incident:
Name or ID# of Officer or Employee:		Name or ID# of Officer or Employee:	
Witness Name	Cell Number:	Street Address and APT#:	
Witness Name	Cell Number:	Street Address and APT#:	

**Nature of action:** *Check all that apply and briefly describe what happened on page 2 of this form.*

<input type="checkbox"/> Extremely helpful	<input type="checkbox"/> Very caring/Empathetic	<input type="checkbox"/> Professional conduct
<input type="checkbox"/> Did a great job	<input type="checkbox"/> Made an extra effort	<input type="checkbox"/> Rudeness, discourtesy, or offensive language
<input type="checkbox"/> Excessive and/or improper use of force	<input type="checkbox"/> Bias-based profiling	<input type="checkbox"/> False arrest
<input type="checkbox"/> Violation of civil rights	<input type="checkbox"/> Unlawful search and/or seizure	<input type="checkbox"/> Corruption
<input type="checkbox"/> Departmental procedure or tactics	<input type="checkbox"/> Dishonesty/truthfulness	<input type="checkbox"/> Documentation Purposes Only <input type="checkbox"/> Other

<i>I attest that the above information and my statement is true and correct to the best of my recollection.</i>	
Signature: _____	Date: _____

The citizen has received a copy of this page and a Commendation/Complaint Brochure.

Receiving Officer's Signature: \_\_\_\_\_ ID#: \_\_\_\_\_

