

CUMBERLAND COUNTY DETENTION CENTER

PREA Complaint Form

Inmate's Name (Victim):	Cell Assignment:	Inmate ID Number:
Reporting Party's Name (not required):	Address:	Phone Number:
Name of Inmate or Person Complained Against:	Cell Assignment:	Officer Platoon:
Name of Inmate or Person Complained Against:	Cell Assignment:	Officer Platoon:
Witness Name:	Cell Assignment:	Officer Platoon:
	Address:	Phone Number:
Witness Name:	Cell Assignment:	Officer Platoon:
	Address:	Phone Number:
Witness Name:	Cell Assignment:	Officer Platoon:
	Address:	Phone Number:

Details of Complaint:

Date & Time Complaint Received:	Name & Rank of Person Recording Complaint:	Division & Platoon:
Date & Time Received for Investigation:	Name & Rank of Investigator Assigned:	Division & Platoon:
Date & Time Review Completed:	Complaint Number:	Signature of Investigator:

Complaint is: Substantiated Unsubstantiated Unfounded Investigation Ongoing

Forwarded for: Criminal Investigation OPS

Distribution: COMPLAINTS THAT ARE CRIMINAL IN NATURE OR COMPLAINTS INVOLVING MORE THAN TWO (2) OFFICERS - ORIGINAL MUST BE SENT DIRECTLY TO THE PROFESSIONAL STANDARDS OFFICE. ALL OTHER COMPLAINTS - ORIGINAL IS GIVEN TO THE PREA COORDINATOR, THE JAIL ADMINISTRATOR AND A COPY IS SENT DIRECTLY TO THE PROFESSIONAL STANDARDS OFFICE.

Division Commander	Professional Standards
Signature: _____	Signature: _____
Date: _____	Date: _____