

Charles D. Rataj  
Chief  
Melissa E. Evans  
Lieutenant

## HINSDALE POLICE DEPARTMENT

P.O. BOX 138, 10 MAIN STREET  
HINSDALE, NEW HAMPSHIRE 03451

Business Telephone

603-336-5723

Fax 603-336-5721

Email HinsdalePolice@pd.hinsdale.nh.gov

Michelle Rideout: Office Manager



### COMPLAINTS AGAINST POLICE PERSONNEL

#### HOW TO MAKE A COMPLAINT

The Hinsdale Police Department is a highly professional organization that expects all employees to treat the public with respect, professionalism, and dignity. If an employee of this department has failed to meet these expectations and you wish to make a complaint about the actions of an employee or about any aspect of police operations, please do the following:

- a. Come to the department and tell any employee that you want to make a complaint; or
- b. Call the department and tell the person answering the phone that you want to make a complaint
- c. Write your complaint and mail it to the Chief of Police
- d. If your complaint involves the Chief of Police, you may contact the appropriate appointing authority through the Hinsdale Town Manager.

If you wish to file a complaint against an employee of this department you may request a police personnel complaint form. This form asks you to identify yourself and then to give specific details about your complaint.

Upon receipt of your completed complaint form it will be assigned to a supervisor and will then be investigated. You may be contacted and asked additional question about your complaint.

You will be contacted by the Chief of Police or his designee, when the investigation has been completed. If action against an employee is taken you will not be notified of what that action is as it will be considered an employee personnel matter which is considered confidential and protected by both State and Federal law.

Should you have any questions regarding this process, please do not hesitate to contact me at the above listed number.

Sincerely,

  
Charles D. Rataj  
Chief of Police

Hinsdale Police Department  
10 Main Street/PO Box 138  
Hinsdale, NH 03451

APPENDIX TO COMPLAINTS AGAINST HINSDALE POLICE PERSONNEL  
REPORT OF COMPLAINT AGAINST POLICE PERSONNEL  
C O N F I D E N T I A L

Name of Complainant: \_\_\_\_\_

At what address can you be contacted? \_\_\_\_\_

What phone number? Residence: \_\_\_\_\_ Employment: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Name of officer(s) against whom complaint is being filed, or other identifying marks (car number, badge number, etc.) \_\_\_\_\_

Rank: \_\_\_\_\_ Name: \_\_\_\_\_ I.D. #: \_\_\_\_\_

Vehicle : \_\_\_\_\_

Name(s)/address/phone number, or other identifying information concerning witness:

\_\_\_\_\_

\_\_\_\_\_

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

I understand that, under the regulations of the police department, the officer against whom this complaint is filed may be entitled to request a hearing before the appointing authority. By signing and filing this complaint, I hereby agree to appear before the appointing authority, if one is requested by an officer, and to testify under oath concerning all matters relevant to this complaint.

\_\_\_\_\_  
Date

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

(Must sign in the presence of a  
Justice of the Peace or Notary)

\_\_\_\_\_  
Date and Time Received

\_\_\_\_\_  
Justice of the Peace or Notary

My Commission Expires \_\_\_\_\_

WRITTEN STATEMENT OF ALLEGATION(S) TO BE COMPLETED ON HINSDALE POLICE DEPARTMENT WRITTEN STATEMENT FORM. ALL STATEMENT SIGNATURES SHALL BE NOTORIZED OR WITNESSED BY A JUSTICE OF THE PEACE.

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## WITNESS/COMPLAINANT STATEMENT FORM

Case No: \_\_\_\_\_

Date: \_\_\_\_\_

Statement of:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**WARNING:** The giving of false statements, written or otherwise, is punishable by law under any or all of the following statutes: NH RSA 641:2 (Sworn Falsification), NH RSA 641:3 (Unsworn Falsification), NH RSA 641:4 (False Report to Law Enforcement).

1 \_\_\_\_\_  
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17 \_\_\_\_\_

I understand and certify that I have read or have had read to me this statement given by me. I fully understand it and certify that it is true and correct to the best of my knowledge and recollection.

Signed: \_\_\_\_\_

Then personally appeared the above named \_\_\_\_\_ and made oath that the foregoing statement is true and correct to the best of his/her knowledge and belief.

Page \_\_\_\_\_ of \_\_\_\_\_

Justice of the Peace  
My Commission Expires \_\_\_\_\_