

# COMPLAINT FORM

PLEASE PRINT CLEARLY

THIS BOX FOR POLICE USE ONLY			TYPE OF COMPLAINT :			<input type="checkbox"/> VERBAL ABUSE <input type="checkbox"/> CORRUPTION <input type="checkbox"/> ABUSE OF AUTHORITY <input type="checkbox"/> PHYSICAL ABUSE <input type="checkbox"/> FAILURE TO ACT <input type="checkbox"/> OTHER			
COMPLAINT #			ADDRESS:						
COMPLAINANT'S NAME:			ADDRESS:						
PHONE #	SIGNATURE OF COMPLAINANT:		SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE:	AGE:	D.O.B.:		
DATE OF OCCURRENCE:		TIME OF OCCURRENCE:		LOCATION OF INCIDENT (STREET, #, ETC.):					
DATE OF COMPLAINT:		TIME OF COMPLAINT:		HOW COMPLAINT DELIVERED: <input type="checkbox"/> IN PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER (Please Specify) :					
P E R S O N	NAME OF EMPLOYEE COMPLAINED AGAINST:			BADGE #	RANK:		WAS OFFICER IN UNIFORM?		
	SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE:	AGE:	HEIGHT:	WEIGHT:	BUILD:	HAIR:      EYES:	
W I T N E S S E S	NAME OF WITNESS:			ADDRESS:					
	PHONE #			SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE:	AGE:	D.O.B.:	
	NAME OF WITNESS:			ADDRESS:					
	PHONE #			SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE:	AGE:	D.O.B.:	
WARNING:									
<p><b>False statements made on this form are punishable under the penalty of perjury.</b></p> <p><b>Whoever knowingly makes a false written statement on this form shall be punished by imprisonment up to two (2) years, face a fine of up to \$2,500.00 or BOTH imprisonment and fine (M.G.L. 268 S. 39 or M.G.L. 269 S. 13A).</b></p> <p><b>Persons convicted more than once of knowingly making false reports shall be punished by a mandatory minimum one (1) year jail term.</b></p>									
SUPERIOR OFFICER ASSIGNED TO INVESTIGATE COMPLAINT:			NOTIFIED:		DATE:		TIME:		
			<input type="checkbox"/> NO <input type="checkbox"/> YES						

MAKE A PHOTOCOPY FOR YOUR RECORDS. PLACE ORIGINAL COMPLETED FORM IN ENVELOPE AND SEAL. DELIVER ENVELOPE TO STATION OR MAILTO:  
 LITTLETON POLICE DEPARTMENT, ATTN: DEPUTY CHIEF, 500 GREAT ROAD, LITTLETON, MA 01460-1222  
 COMPLAINANT WILL RECEIVE ACKNOWLEDGEMENT OF WRITTEN COMPLAINT WITHIN 3 BUSINESS DAYS OF RECEIPT.