

COMPLAINT FILE NUMBER

DATE FORWARDED TO CHIEF

STURBRIDGE POLICE DEPARTMENT

CITIZEN COMPLAINT FORM

OFFICIAL RECEIVING COMPLAINT

Revised 9/12/11

HOW RECEIVED (TELEPHONE, IN PERSON, ETC.)

| COMPLAINANT'S LAST NAME | | | | FII | FIRST NAME | | | PHONE NUMBER | | | | |
|--------------------------------------------|--------|----|---------------|---------|------------|------|------------------------|--------------|----|-------|-------|--------------|
| ADDRESS | | | | | | CITY | | | | STATE | ZIP | CODE |
| OFFICER INFORMATION | | | | | | | | | | | | |
| OFFICER NAME / DESCRIP | TION | | | | | | | | | RACE | | SEX |
| OFFICER IN UNIFORM | CAR NO | AN | Y IDENTIFYING | CHARAC | TERISTICS | | | | | L | | |
| | | | Į | NC | IDENT | INI | FORMATION | | | | | |
| DATE OF INCIDENT TIME LOCATION OF INCIDENT | | | | | | | | | | | | |
| OTHER OFFICER INVOLVED | | | | | | | OTHER OFFICER INVOLVED | | | | | |
| | | | \ | ۷I٦ | TNESS | INF | ORMATION | | | | | |
| WITNESS NAME | | | | ADDRE: | | | | PHONE | NO | | | |
| WITNESS NAME | | | | ADDRESS | | | | | | | | |
| WITNESS NAME | | | | ADDRESS | | | PHONE NO | | | | | |
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| SUMMARY OF COMP | LAINT | | | | | | | | | | | |
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| COMPLAINT NUMBER | | | | | | | | |
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| It is the policy of the Sturbridge Police Depot through a regulated, fair and impartial Into police regulations to file your complaint. O Once the complaint form has been reviewe be kept abreast of the progress of the completed. | ernal Affairs Complete this ed you will b | program. You do complaint form e contacted by th | not need to b and return it e Internal Aff | e familiar with the law or to the police department. airs Investigator. You will | | | | |
| Thank you for your interest and concern enforcement community in Sturbridge. | in maintain | ing a high stand | ard of profes | sionalism within the law | | | | |
| I have reviewed the details of my complaint and this complaint is a true and accurate account of the events as they occurred. I understand that any false or untrue statements, accusations or allegations herein made by me in relation to this complaint, either orally or in writing, to any persons investigating this complaint may subject me to civil and/or criminal prosecution. | | | | | | | | |
| Complainant's Signature | - | Date | | | | | | |
| Received by | _ | Date | | | | | | |