



Littleton Police Department

500 Great Road • Littleton Massachusetts 01460-1222 • 978-540-2300

COMPLAINT FORM

PLEASE PRINT CLEARLY

THIS BOX FOR POLICE USE ONLY			TYPE OF COMPLAINT :			COMPLAINT :			TYPE OF COMPLAINT :			
COMPLAINT #			<input type="checkbox"/> VERBAL ABUSE			<input type="checkbox"/> CORRUPTION			<input type="checkbox"/> ABUSE OF AUTHORITY			
COMPLAINANT'S NAME:			<input type="checkbox"/> PHYSICAL ABUSE			<input type="checkbox"/> FAILURE TO ACT			<input type="checkbox"/> OTHER			
ADDRESS:			PHONE #			SIGNATURE OF COMPLAINANT:			D.O.B.:			
DATE OF OCCURRENCE:			TIME OF OCCURRENCE:			LOCATION OF INCIDENT (STREET, #, ETC.):			SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
DATE OF COMPLAINT:			TIME OF COMPLAINT:			HOW COMPLAINT DELIVERED: <input type="checkbox"/> IN PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER (Please Specify) :			RACE: AGE: D.O.B.:			
P E R S O N	NAME OF EMPLOYEE COMPLAINED AGAINST:			BADGE #			RANK:			WAS OFFICER IN UNIFORM? <input type="checkbox"/> NO <input type="checkbox"/> YES		
	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.:		
W A R N I N G :												
<p>False statements made on this form are punishable under the penalty of perjury.</p> <p>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).</p> <p>Persons convicted more than once of knowingly making false reports shall be punished by a mandatory minimum one (1) year jail term.</p>												
SUPERIOR OFFICER ASSIGNED TO INVESTIGATE COMPLAINT:			NOTIFIED: <input type="checkbox"/> NO <input type="checkbox"/> YES			DATE:			TIME:			

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 KING, 500 GREAT ROAD, LITTLETON, MA 01460-1222

COMPLAINANT WILL RECEIVE ACKNOWLEDGEMENT OF WRITTEN COMPLAINT WITHIN 3 BUSINESS DAYS OF RECEIPT.



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