



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 :			TYPE OF 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.:		
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? <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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