

TOWN OF HAMILTON MASSACHUSETTS POLICE DEPARTMENT



Phone: (978) 468-1212 Fax: (978) 468-1313

COMPLAINT AGAINST A MEMBER OF THE DEPARTMENT

Check if anonym	ious report			
Date of Report:			Γime of Report:	
Complainant Name:		Т	Telephone #:	
Address:	Street Name			
	y.	Social Security #		
Name, Rank, Badge	Number, or description of	of member of depart	ment:	
Officer:		Rank		D. L. M
				Badge Number
			ime of Incident:	<u> </u>
Location of Incident:				
Name of Witness: _	Telephone #:			
Address of Witness:	Number Street Name	City	State	Zip
	can be added on the follo		State	2.10
	page, please provide a wi		our complaint.	
	This section below	v is for department use only.		
Incident # assigned:		IA # assigne	d:	
Name of Recipient:		Signature: _		
Complaint Received:	☐ In Person ☐ Via T	Telephone 🔲 Via N	Mail, Fax or E-M	ail
Source:	to Department Othe	r Agency Civilia	an	
\Box C:	orruption Brutality riminal Misconduct Rules Vio	Alleged Rudeness [Insubordination	n

Complaint against a Member of the Department Written Statement Form

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This report is true and accurate to the best of my knowledge. I understand that Massachusetts General Laws Chapter 269 Section 13A provides that anyone who intentionally and knowingly makes or causes to be made a false report of a crime to police officers shall be punished by a fine of not less than one hundred nor more than five hundred dollars or by imprisonment in a jail or house of correction for not more than one year, or both. Signed under the pains and penalties of perjury:
Signature of Complainant:
Printed Name:
Date:
Witnessed by:
Printed Name: