



# TOWN OF HAMILTON MASSACHUSETTS POLICE DEPARTMENT



Russell M. Stevens  
Chief of Police

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

## COMPLAINT AGAINST A MEMBER OF THE DEPARTMENT

Check if anonymous report

Date of Report: \_\_\_\_\_ Time of Report: \_\_\_\_\_

Complainant Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Name City State Zip

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name, Rank, Badge Number, or description of member of department:

Officer: \_\_\_\_\_  
Name Rank Badge Number

Description: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name of Witness: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address of Witness: \_\_\_\_\_  
Number Street Name City State Zip

\*Additional witness can be added on the following page.

\*\*On the following page, please provide a written statement to your complaint.

*This section below is for department use only.*

Incident # assigned: \_\_\_\_\_ IA # assigned: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_ Signature: \_\_\_\_\_

Complaint Received:  In Person  Via Telephone  Via Mail, Fax or E-Mail

Source:  Internal to Department  Other Agency  Civilian

Classification:  Corruption  Brutality  Excessive Force  Civil Rights  
 Criminal Misconduct  Alleged Rudeness  Insubordination  
 Tardiness  Rules Violation (minor)  Rules Violation (non-minor)

