



JAMES P. SARTELL  
CHIEF OF POLICE

## TOWNSEND POLICE DEPARTMENT

70 BROOKLINE STREET  
TOWNSEND, MASSACHUSETTS 01469  
PHONE (978) 597-6214  
FAX (978) 597-2176



### Civilian Complaint Report

INSTRUCTIONS: The on-duty supervisor will assist the complainant in completing the appropriate portions of this form in any complaint alleging misconduct by a member of this department. He/she will immediately submit this completed form, including all corroborating documents of proof, to the Chief of Police, who will act upon it accordingly. Assigned personnel will communicate with the complainant and/or their attorney to arrange for an interview regarding this investigation at a convenient date and time.

Complainants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Language (if not English): \_\_\_\_\_

Representative/Interpreter: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Officer/Employee: \_\_\_\_\_

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

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

Does Complainant give permission to be contacted at work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Documentation: \_\_\_\_\_ Photographs: \_\_\_\_\_ Physical Evidence: \_\_\_\_\_ Other: \_\_\_\_\_

Final Disposition: \_\_\_\_\_ Date of Purge: \_\_\_\_\_

DETAILS OF COMPLAINT (to be completed by Complainant):

---

---

---

---

---

---

---

---

---

---



JAMES P. SARTELL  
CHIEF OF POLICE

## TOWNSEND POLICE DEPARTMENT

70 BROOKLINE STREET  
TOWNSEND, MASSACHUSETTS 01469  
PHONE (978) 597-6214  
FAX (978) 597-2176



---

---

---

***I hereby swear to affirm that all material provided in this form are true and correct to the best of my knowledge, information, and belief.***

---

Signature of Complainant

---

Date

---

Signature of Witness

---

Date