

## WILLIAMSTOWN POLICE DEPARTMENT

## Complaint Against Member of Department

## Form 4.01-1

## This is a two-sided form! Please complete BOTH sides.

Date of Report:	Time of Report:			
☐ Check if anonymous report				
Complainant name:	Address:			
Telephone #:				
Date of birth:	Social Security #:			
Name, rank, badge number (if available) or descrip	tion of member of department:			
Date of incident:	Time of incident:			
Location of incident:				
Please use <b>the back of this sheet</b> to describe comp	letely the incident which led to this complaint.			
Name of witness:	Address of witness:			
Telephone # of witness:				
Name of witness:	Address of witness:			
Telephone # of witness:				
Additional witnesses may be listed on the back of this sheet.				
Signature of complainant:	Signature of guardian:			
☐ Check if signature refused.				
This complaint has been immediately rectified to my satisfaction:				
	for department use only.			
Report # (if assigned):	IA # assigned:			
Name/rank of recipient:	Signature:			
Complaint received (check one):	·			
☐ In person ☐ Via Telephone	☐ Via Mail, Fax or e-mail			
Source (check one):				
☐ Internal to Department ☐ Other Agency	□Civilian			
Classification:				
	☐ Excessive Force ☐ Civil Rights			
· · · · · · · · · · · · · · · · · · ·	□ Rules Violation (non-minor)			
☐ Alleged Rudeness/Discourtesy ☐ Rules Violation (minor	) ☐ Minor Insubordination ☐ Tardiness			

**Form 4.01-1.** This form replaces all previous Citizen Complaint Forms, **which may not be used.**Distribution: Original to Chief of Police. Provide copy to complainant.

Please describe completely the incident which led to this complaint.		
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Section 13A providual providual police officers shall	and accurate to the best of my knowledge. I understand that Massachusetts General Laws Chapter 2 is that anyone who intentionally and knowingly makes or causes to be made a false report of a crip be punished by a fine of not less than one hundred nor more than five hundred dollars or by ill or house of correction for not more than one year, or both. Signed under the pains and penalties————	ne
Signature	Printed Name	
	Printed Name	