



**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:
<input type="checkbox"/> Check if anonymous report	
Complainant name:	Address:
Telephone #:	
Date of birth:	Social Security #:

Name, rank, badge number (if available) or description of member of department:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of incident:	Time of incident:
Location of incident:	

Please use **the back of this sheet** to describe completely 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:
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Check if signature refused.

This complaint has been immediately rectified to my satisfaction: \_\_\_\_\_

*The section below is for department use only.*

Report # (if assigned): \_\_\_\_\_ IA # assigned: \_\_\_\_\_

Name/rank of recipient:	Signature:
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Complaint received (check one):

In person                       Via Telephone                       Via Mail, Fax or e-mail

Source (check one):

Internal to Department                       Other Agency                       Civilian

Classification:

Corruption                       Brutality                       Excessive Force                       Civil Rights  
 Criminal Felony                       Criminal Misdemeanor                       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.

