



WILLIAMSTOWN POLICE DEPARTMENT
825 Simonds Rd., Williamstown, MA 01267

Compliment of Member of Department
Form 4.01-2

*This form may be sent via email to
mziemba@williamstownma.gov*

Date of Report:	Time of Report:
Reporting party:	Telephone #:

Check if anonymous report

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

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

Please describe completely the incident which led to this compliment:

Name of witness:	Telephone #:
------------------	--------------

Name of witness:	Telephone #:
------------------	--------------

Signature of reporting party:

Check if signature refused.

The section below is for department use only.

Name/rank of recipient:	Signature:
-------------------------	------------

Compliment received (check one):

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

Source (check one):

Internal to Department Other Agency Civilian

Form 4.01-2. This form replaces all previous Citizen Compliment Forms, **which may not be used.**
Distribution: Original to Chief of Police. Provide copy to complainant.