

CITY OF NORTH ADAMS POLICE DEPARTMENT INTERNAL AFFAIRS COMPLAINT REPORT

Complaint #: -
Page No. ____ of ____ Pages

COMPLAINANT'S INFORMATION

First Name of Complainant:	Last Name of Complainant:
Residence Address:	Telephone:
Business Address:	Telephone:

OFFICER(S) COMPLAINED AGAINST

1. Officer Name:	Rank:	Badge #:	Car #:
Description of Officer (if name is not known):			
2. Officer Name:	Rank:	Badge #:	Car #:
Description of Officer (if name is not known):			
3. Officer Name:	Rank:	Badge #:	Car #:
Description of Officer (if name is not known):			

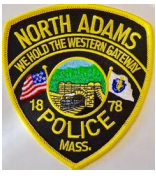
INCIDENT INFORMATION

Date of Incident:	Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM	Location of Incident:
Name of Witness:	Address:	Telephone: () -
Name of Witness:	Address:	Telephone: () -
Name of Witness:	Address:	Telephone: () -
Description of Incident:		

I have read this complaint report, and I truly declare and affirm that the statements contained herein are accurate, true and complete to the best of my knowledge and belief. I am am not willing to testify at any hearing in connection with this complaint and the subsequent investigation that will follow.

Signature of Complainant's Parent or Guardian, if he/she is a minor

Signature of Complainant

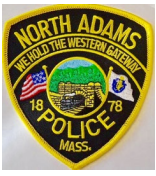


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Date and time report is received:	I certify that complainant received a copy of this completed complaint report <input type="checkbox"/> in person <input type="checkbox"/> by mail.
Name & Rank of Officer Receiving Report:	

I truly declare and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief.

Signature of Complainant Date _____



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Form P251.a
Reviewed 8/2015