



# Littleton Police Department

500 Great Road • Littleton, Massachusetts 01460-1222 • 978-540-2300

## COMPLAINT FORM

PLEASE PRINT CLEARLY

THIS BOX FOR POLICE USE ONLY		TYPE OF COMPLAINT:		<input type="checkbox"/> VERBAL ABUSE	<input type="checkbox"/> CORRUPTION	<input type="checkbox"/> ABUSE OF AUTHORITY			
COMPLAINT #		COMPLAINT:		<input type="checkbox"/> PHYSICAL ABUSE	<input type="checkbox"/> FAILURE TO ACT	<input type="checkbox"/> OTHER			
COMPLAINANT'S NAME:		ADDRESS:							
PHONE #	E-SIGNATURE OF COMPLAINANT:		SEX:	<input type="checkbox"/> MALE	RACE:	AGE:	D.O.B.:	<input type="checkbox"/> FEMALE	
DATE OF OCCURRENCE:		TIME OF OCCURRENCE:		LOCATION OF INCIDENT (STREET, #, ETC.):					
DATE OF COMPLAINT:		TIME OF COMPLAINT:		HOW COMPLAINT DELIVERED: <input type="checkbox"/> IN PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL:					
P E R S O N	NAME OF EMPLOYEE COMPLAINED AGAINST:				BADGE #	RANK	WAS OFFICER IN UNIFORM? <input type="checkbox"/> NO <input type="checkbox"/> YES		
	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE:	AGE:	HEIGHT:	WEIGHT:	BUILD:	HAIR:	EYES:	
W I T N E S S E S	NAME OF WITNESS:		ADDRESS:						
	PHONE #		SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE:	AGE:	D.O.B.:		
NAME OF WITNESS:		ADDRESS:							
PHONE #		SEX:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE:	AGE:	D.O.B.:			
W A R N I N G :									
<p>False statements made on this form are punishable under the penalty of perjury. Whoever knowingly makes a false written statement on this form shall be punished by imprisonment up to two (2) years, face a fine of up to \$2,500.00 or BOTH imprisonment and fine (MGL 268 S. 39 or MGL 269 S. 13A). Persons convicted more than once of knowingly making false reports shall be punished by a mandatory minimum one (1) year jail term.</p>									
SUPERIOR OFFICER ASSIGNED TO INVESTIGATE COMPLAINT:		NOTIFIED: <input type="checkbox"/> NO <input type="checkbox"/> YES	DATE:			TIME:			

KEEP A COPY FOR YOUR RECORDS. EMAIL COMPLETED FORM TO [JPATTERSON@LITTLETONPD.COM](mailto:JPATTERSON@LITTLETONPD.COM) OR PLACE FORM IN ENVELOPE AND DELIVER OR MAIL TO:

LITTLETON POLICE DEPARTMENT ATTN: JEFFREY PATTERSON 500 GREAT ROAD LITTLETON, MA 01460

COMPLAINANT WILL RECEIVE ACKNOWLEDGEMENT OF WRITTEN COMPLAINT WITHIN 3 BUSINESS DAYS OF RECEIPT.



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Please use the area below to add narrative/information.