



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:				
COMPLAINT #				<input type="checkbox"/> VERBAL ABUSE	<input type="checkbox"/> CORRUPTION	<input type="checkbox"/> ABUSE OF AUTHORITY		
				<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 <input type="checkbox"/> FEMALE	RACE:	AGE:	D.O.B.:	
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.</p> <p>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 (M.G.L. 268 S. 39 or M.G.L. 269 S. 13A).</p> <p>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 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.