

STOCKBRIDGE POLICE DEPARTMENT



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CITIZEN COMPLIMENT/COMPLAINT FORM

DATE:	TIME REPOI	RT TAKEN:	R	REPORTING EMPLOYEE	
NAME:	HOME ADD	RESS:	F	IOME TELEPHONE:	
BUSINESS ADDRESS:	BUSINESS T	ELEPHONE:	Ε	DATE OF BIRTH	
COMPLIMENT/COMPLA	INT RECEIVED:	T	ELEPHONE _	WALK INOTHER	
DATE AND TIME OF INC	IDENT:	LOC	LOCATION OF INCIDENT		
NAME OF OFFICERS OR 1. 2. 3.	EMPLOYEES INV	OLVED:			
DESCRIPTION OF PERSO	ON INVOLVED(if t	name is unknown):			
RACE:	SEX:	AGE:	HEIGHT:	WEIGHT:	
CLOTHING DESCRIPTIO	N:				
VEHICLE DESCRIPTION	AND/OR LI CENS	E NUMBER:			
WITNESS NAME:		ADDRESS:		TELEPHONE:	
WITNESS NAME:		ADDRESS:		TELEPHONE:	
WITNESS NAME:		ADDRESS:		TELEPHONE:	
NATURE OF COMPLIME	NT/COMPLAINT(j	please use one or two sen	tences in this space	e, use an additional page for a fuller description):	

CITIZEN COMPLIMENT/COMPLAINT FORM STATEMENT CONTINUED

best of my knowledge and allegations herein made by m in writing, to any person or pully realize that it may beconstockbridge Police Department	belief. I understand that any false or during the course of this investigating this incident in me necessary in the investigation ment to discuss this issue. I againvestigation of this incident, to	relative to this statement is true and complete se, misleading, or untrue statements, accusati estigation, in relation to this incident, either ora nay subject me to civil and/or criminal prosecu of this incident for me to meet with a member ree, should any Administrative Hearing or make myself available to present testimony a	ons or ally, or tion. I of the Court
Sign:	Date:	Witness:	