



# STOCKBRIDGE POLICE DEPARTMENT



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 DARRELL G. FENNELLY, CHIEF OF POLICE

## CITIZEN COMPLIMENT/COMPLAINT FORM

DATE:	TIME REPORT TAKEN:	REPORTING EMPLOYEE
<hr/>		
NAME:	HOME ADDRESS:	HOME TELEPHONE:
<hr/>		
BUSINESS ADDRESS:	BUSINESS TELEPHONE:	DATE OF BIRTH
<hr/>		
COMPLIMENT/COMPLAINT RECEIVED:	___ TELEPHONE	___ WALK IN
		___ OTHER
<hr/>		
DATE AND TIME OF INCIDENT:	LOCATION OF INCIDENT	
<hr/>		
NAME OF OFFICERS OR EMPLOYEES INVOLVED:		
1.		
2.		
3.		
<hr/>		
DESCRIPTION OF PERSON INVOLVED(if name is unknown):		
RACE:	SEX:	AGE:
HEIGHT:	WEIGHT:	
<hr/>		
CLOTHING DESCRIPTION:		
<hr/>		
VEHICLE DESCRIPTION AND/OR LI CENSE NUMBER:		
<hr/>		
WITNESS NAME:	ADDRESS:	TELEPHONE:
<hr/>		
WITNESS NAME:	ADDRESS:	TELEPHONE:
<hr/>		
WITNESS NAME:	ADDRESS:	TELEPHONE:
<hr/>		
NATURE OF COMPLIMENT/COMPLAINT(please use one or two sentences in this space, use an additional page for a fuller description):		

