

Time of Incident

Citizen's Complaint Form

Instructions:

Date of Incident

It is the policy of the Tyngsborough Police Department to investigate all complaints against the department and/or a member(s) of the department, regardless of the source of such complaints, through a regulated, fair and impartial Internal Affairs (IA) Program.

If a person has such a complaint, it may be filed with the Officer-In-Charge, Deputy Chief, or the Chief of Police. A report on your complaint will be taken and investigated by an appropriate member of the department.

You may file your complaint verbally or in writing, however writing is preferred so there are no misunderstandings or inaccuracies. Please fill out the attached complaint form with as much detail as possible.

*** TO BE COMPLETED BY THE COMPLAINANT***

Time Reported

Date Reported

ocation of Incident						
omplainant's Name		Phone #		Email Address		
ame of Person Assisting Complainant		Phone #		Email Address		
Vitness Information (Na	ame, Phone #, Email Ad	ldress etc.)				
Details of the Incident, Disease mayide a full description of the circumstances that magneted your consolint						
Details of the Incident : Please provide a full description of the circumstances that prompted your complaint.						
Attach supporting documentation, as appropriate; including letters, emails, photos, videos or audio tapes, etc.						

Complaint made against (name or description)

(Attach additional pages, if necessary)		
All of the answers are true and accurate t	to my knowledge. I unde	and statement consisting of pages. rstand that filing a false report of a crime n my arrest and being fined and/or imprisoned.
Complainant's Signature	Date and Time Signed	
Signature of Parent/Guardian (If the Complainant is Under 18 yrs.)	Date and Time Signed	
	Departmental Use	<u>Only</u>
Received By: Rank/ Name/ ID Number	Date	Time Received
Investigated By: Rank/ Name/ ID Number	Date	Time Received
Case Number		