



Manchester by-the-Sea Police Department

Complaint Control Form



Complaint #: (Assigned by IAU)		Type of Complaint		Original to: Internal Affairs Unit/Supervisor Copy to: Complainant at time of complaint Copy to: <i>Division of Police Standards (POST)</i>		
		Bias Conduct Alleged: Yes <input type="checkbox"/> ; No <input type="checkbox"/>				
Date of Complaint	Time of Complaint	Day:	How Complaint Was Received	<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Other <input type="checkbox"/> Online <input type="checkbox"/> POST(DPS)		
Date of Occurrence	Time of Occurrence	Day:	Location of Incident (#, Street, City)			
Complainant (last, first, M)			Address (#, Street, City, St, & Zip Code)			
Phone: (Home) (Work)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race	Age	D.O.B.	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
Result of: <input type="checkbox"/> Parking Complaint <input type="checkbox"/> Arrest <input type="checkbox"/> Traffic Citation <input type="checkbox"/> Injury <input type="checkbox"/> Field Interrogation Other <input type="checkbox"/>			Signature of Complainant if Complaint Resolved at Time of Complaint: _____			Date:

Narrative:

(continue on reverse if necessary)

WARNING: False statements made on this form are punishable under the pains and penalties of perjury. A fine up to \$500 and imprisonment for up to one year shall punish whoever knowingly and intentionally makes a FALSE REPORT of a crime on this form.

Complainant Should Sign at End of Narrative: _____

Complainant's Parent or Guardian if Complainant is under (<18) Eighteen: _____

(1.) Name of Employee Complained Against:				Badge No. / Employee ID No.		POST-C Certification Identification No.	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> W; <input type="checkbox"/> B <input type="checkbox"/> A; <input type="checkbox"/> M; <input type="checkbox"/> H; <input type="checkbox"/> I; <input type="checkbox"/> O	D.O.B. / Age	Height	Weight	Build	Hair	Eyes
(2.) Name of Employee Complained Against:				Badge No. / Employee ID No.		POST-C Certification Identification No.	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> W; <input type="checkbox"/> B <input type="checkbox"/> A; <input type="checkbox"/> M; <input type="checkbox"/> H; <input type="checkbox"/> I; <input type="checkbox"/> O	D.O.B. / Age	Height	Weight	Build	Hair	Eyes
(1.) Name of Witness:			Address				
Phone	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Age	D.O.B.	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(2.) Name of Witness:			Address				
Phone	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Age	D.O.B.	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature of Supervisor Receiving Complaint				I.D. No.		Tour of Duty	
Superior Officer Assigned to Investigate Complaint						I.D. No.	
Internal Affairs Unit Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No			Notified by:		Time	Date	