SOUTH HADLEY POLICE DEPARTMENT

COMPLAINT FORM, INTERNAL

Complaint #: -

Upon receipt of a complaint of misconduct, the Chief Police will review the incident and assign it for investigation. You will be contacted and notified who is conducting the investigation and if requested, you can receive periodic status reports regarding the investigation. Upon completion of the investigation, you will receive written notice of the final disposition of the case from the Chief of Police. Most investigations are completed within 14 days. Questions regarding this process may be directed to the Chief of Police at 413-538-8231.

COMPLAINANT'S INFORMATION

First Name of Complainant:	Last Name of Complainant:	
Residence Address:		Telephone: ( ) -
Email Address:		Telephone: ( ) -

OFFICER(S) OR EMPLOYEE COMPLAINED AGAINST

1. Employee Name:	Rank:	Badge #:	Car #:
Description of Employees (if name is not known):			
2. Employee Name:	Rank:	Badge #:	Car #:
Description of Employee (if name is not known):			
3. Employee Name:	Rank:	Badge #:	Car #:
Description of Employee (if name is not known):			

INCIDENT INFORMATION

Date of Incident:	Time of Incident: ☐ AM ☐ PM	Location of Incident:	
Name of Witness:	Address::		Telephone: ( ) -
Name of Witness:	Address:		Telephone: ( ) -

Description of Incident (continue to page 2 or add supplemental pages as necessary):

I truly declare and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief.

_____ _____

Signature of Complainant Date

SOUTH HADLEY POLICE DEPARTMENT

COMPLAINT FORM, INTERNAL: REPORT SUPPLEMENT

Date and time report is received:	I certify that complainant received a copy of this completed complaint report ☐ in person ☐ by mail.
Name & Rank of Officer Receiving Report:	_____ Signature of Officer Receiving Report

I truly declare and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief.

_____ _____

Signature of Complainant Date