



BOYLSTON 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 508 – 869 - 2113.

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: PM | <input type="checkbox"/> AM <input type="checkbox"/> | 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): | | | |
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I truly declare and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief.

WARNING: False Statements made on this form are punishable under the penalties of perjury. Whoever knowingly makes a false statement on this form shall be punished by imprisonment in the state prison for not more than twenty years or by a fine of not more than one thousand dollars or by imprisonment in the jail for not more than two- and one-half years, or by both such fine and imprisonment in jail. MGL. C. 268 S. 1A or MGL C. 269 S. 13A.

Signature of Complainant _____ Date _____

**BOYLSTON 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 <input type="checkbox"/> in person <input type="checkbox"/> by mail. |
| Name & Rank of Officer Receiving Report: | _____ Signature of Officer Receiving Report |

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| | |
|-----------------------------------|---------------|
| _____ Signature of Complainant | _____ Date |
|-----------------------------------|---------------|