CITIZEN COMPLAINT OF POLICE MISCONDUCT FORM HARDWICK / NEW BRAINTREE POLICE DEPARTMENT

Name of Complainant:		Date:
Home Address:		Phone:
OFFICER(S) INVOLVED:		
Name:	Rank:	ID#:
Name:	Rank:	ID#:
Name:	Rank:	ID#:
NATURE OF COMPLAINT:		
(Use the back of this sheet if more sp		
NAMES, ADDRESSES, PHON	E OF ANY WITNESSES:	
1		
2		
3		
I understand that I will be informed	of the result of the investigation	within (60) sixty days of the
receipt of the complaint, unless there	e is an open or ongoing investiga	tion in a criminal matter.
If I disagree with the results of the in	nvestigation and or the remedies	proposed, I may bring the
matter to the attention of the Town	Administrator within (10) ten da	ys of the receipt of the outcome
to the community which the incident	t occurred.	
SIGNATURE OF COMPLAINA	NT:	<u>.</u>

NOTICE: THIS FORM IS SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY