

OFFICER COMPLAINT INSTRUCTIONS

Dear Citizen:

It is the policy of the Maynard 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 Program.

If a person has such a complaint, it may be filed with the on duty supervisor, the Chief of Police, or the Lieutenant. 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.

Please put your contact information on the Complaint Form as an investigator may want to speak with you at a later time.

Sincerely,

Mark Dubois Chief of Police

Phone: (978) 897-1011 Fax: (978) 897-8002



INTERNAL AFFAIRS COMPLAINT REPORT



NAME OF COMPLAINANT (LAST, FIRST, I	NITIAL)				
RESIDENCE ADDRESS				TELEPHONE	
BUSINESS ADDRESS				TELEPHONE	
NAME OF OFFICER COMPLAINED AGAINST		RANK	BADGE	GE CAR#	
DESCRIPTION: (IF NAME IS NOT KNOWN)		•		
DATE & TIME OF INCIDENT A.M. P.M.		LOCATION OF INCIDENT			
DESCRIPTION OF INCIDENT		do controllo			
	emičedinie – voje				
NAME OF WITNESS	ADDRESS			TELEPHONE	
NAME OF WITNESS	ADDRESS			TELEPHONE	
I HAVE READ THIS COMPLAINT REPORT A	AND LTDULY DECLA	DE AND AFFIRM THAT	THE STAT	EMENTS	
CONTAINED HEREIN ARE ACCURATE, TR					BELIEE
I AM/AM NOT WILLING TO TESTIFY AT AN					J.C.L.
SIGNATURE OF COMPLAINANT'S PARENT OR SIGNATURE OF COMPLAINANT					
GUARDIAN IF HE/SHE IS A MINOR		~			
DATE & TIME REPORT IS RECEIVED					
A.M.	P.M.				
NAME & RANK OF OFFICER RECEIVING REPORT SIGNATURE OF OFFICER RECEIVING REPOR				ORT	

OF	INTERNAL AFFAIRS COMPLAINT REPORT
- your comments	
I TRULY DECLARE	AND AFFIRM THAT THE STATEMENTS CONTAINED HEREIN ARE ACCURATE, TRUE, AND
	EST OF MY KNOWLEDGE AND BELIEF.
DATE	