



DARTMOUTH POLICE DEPARTMENT

CITIZEN COMPLAINT OF POLICE/PUBLIC EMPLOYEE MISCONDUCT

Case Number: _____ Date: _____ Time: _____

Name: _____ Telephone#: _____

Home Address: _____

Town/City: _____ State: _____ Zip: _____

Officer(s)/Public Employee(s) Complained About:

Name: _____ Rank: _____ Employee#: _____

Name: _____ Rank: _____ Employee#: _____

Name: _____ Rank: _____ Employee#: _____

Nature of Complaint: _____

Witness(es)

Name : _____ Telephone #: _____

Address: _____

Name : _____ Telephone #: _____

Address: _____

I understand that I will be informed of the result of the investigation and the disposition of my complaint within thirty days. I am () am not () willing to testify at any internal or criminal hearing on this matter. To the best of my knowledge, the above statement is a true and accurate account.

Signature: _____

(Aggrieved Party or Complainant, if desired)

Signature: _____

(Division/Shift Commander)

Note to Complainant: You will receive a response from the Chief of Police of the Dartmouth Police Department within thirty (30) days regarding the status or conclusion of the investigation.

Note to Supervisor: Provide a copy of this written complaint form to the complainant upon completion.

Nature Of Complaint Continued:

Signature: _____
(Aggrieved Party or Complainant) (Date)