



# CITY OF FITCHBURG POLICE DEPARTMENT

20 Elm Street  
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DEPARTMENT / OPERATIONS  
978-345-4355  
FAX: 978-345-4088

DETECTIVE BUREAU  
978-345-9650

RECORDS BUREAU  
978-345-9643  
FAX: 978-342-7608

CHIEF OF POLICE  
978-345-9656

## COMPLAINT AGAINST DEPARTMENT EMPLOYEE

DATE OF COMPLAINT \_\_\_\_\_

COMPLAINT CASE # \_\_\_\_\_

NAME OF COMPLAINANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME OF EMPLOYEE: \_\_\_\_\_

RANK: \_\_\_\_\_ BADGE / ID #: \_\_\_\_\_

**DESCRIPTION OF EMPLOYEE (only if name is unknown or complainant is unsure):**

**NATURE OF COMPLAINT:** (In your own words, describe everything necessary to completely investigate your complaint. Use additional paper if necessary.)

WITNESS (name, address, phone #):

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**WARNING:** Whoever intentionally and knowingly makes or causes to be made a false report of a crime to police officers shall be punished by a fine of not less than one hundred nor more than five hundred dollars or by imprisonment in a jail or house of correction for not more than one year, or both.

SIGNATURE OF COMPLAINANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**SIGNATURE OF ADULT WITNESS (If complainant is a minor):**

NAME & ID # OF RECEIVING OFFICER: DATE: