



OFFICE OF THE
CHIEF OF POLICE

CITY OF FITCHBURG POLICE DEPARTMENT

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DEPARTMENT / OPERATIONS

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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 #): _____

WITNESS (name, address, phone #): _____

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: _____