

HARWICH POLICE DEPARTMENT

COMPLAINT FORM

INSTRUCTIONS FOR COMPLETION OF FORM:

Please print all information legibly. If additional space is needed, please use additional sheets of paper. Use separate sheets for statements of any witnesses accompanying the complainant.

Please answer all questions completely – type or write in ink, legibly print answers. Use additional pages as needed.

COMPLAINANT INFORMATION:

Date: _____ Time: _____
Name: _____
Home Address: _____
Telephone: () _____
Email: _____

INCIDENT INFORMATION:

Date of Incident: _____ Time of Incident: _____
Location of Incident: _____
Name/Rank of Accused Employee: _____ Badge #: _____
Description of Employee: _____

WITNESS INFORMATION: *(If there are additional witnesses please list on a separate sheet, please initial and date that sheet and attach)*

Witness # 1

Name: _____
Home Address: _____
Telephone: () _____

Witness #2

Name: _____
Home Address: _____
Telephone: () _____

