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: ( ) ___________________________
NARRATIVE OF INCIDENT/DESCRIPTION OF INCIDENT:
(Please describe the incident in detail, giving specific dates, times, locations, witnesses, conversations and actions – please use a separate sheet of paper if more space is needed – please sign and date all additional sheets).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Complainant: ___________________________ Date: __________
(If under 18 Parent or Guardian, please print and sign)

| Name and Rank of Employee Receiving Report: |          |
| Signature:                                  |          |
| Date Received:                             |          |