

BRIDGEWATER POLICE DEPARTMENT

CIVILIAN COMPLAINT REPORT

TIME: _____ DATE REPORTED: _____

COMPLAINANT'S NAME _____
LAST FIRST

AGE: _____ ADDRESS: _____

NAME OF PERSON WITH WHOM RESIDING _____

ADDRESS WHERE RESIDING IF NOT A RESIDENT OF BRIDGEWATER

PHONE # _____

EMPLOYER'S NAME AND BUSINESS ADDRESS AND PHONE #

EMPLOYER	ADDRESS	PHONE
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REPRESENTATIVE / INTERPRETER / PERSON ASSISTING, ADDRESS & PHONE

NAME OF POLICE DEPARTMENT MEMBER (S) COMPLAINED OF (IF UNKNOWN, PROVIDE DESCRIPTION OF OFFICER, BADGE NO. AND TYPE OF DUTY PERFORMED, E.G. FOOT PATROL, AUTO, ETC:

TIME AND DATE OF OCCURRENCE _____

LOCATION _____

NAME OF WITNESS (IF UNKNOWN, PROVIDE WHATEVER INFORMATION YOU CAN THAT MIGHT HELP IN LOCATING THE WITNESS:

NAME	ADDRESS	PHONE	REALTIONSHIP
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NAME	ADDRESS	PHONE	REALTIONSHIP
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DETAILS OF COMPLAINT (USE REVERSE SIDE OF FORM IF MORE SPACE IS NEEDED)

SIGNATURE & RANK OF POLICE OFFICER RECEIVING COMPLAINT

SIGNATURE OF PERSON ASSISTING COMPLAINANT

SIGNATURE OF COMPLAINANT