



Brookline Police
Use Only
COMPLAINT NUMBER

Town of Brookline, Massachusetts
OFFICE OF THE BOARD OF SELECTMEN
— CITIZEN COMPLAINT FORM —

INSTRUCTIONS FOR COMPLETION OF FORM:

Please print all information legibly. If additional space is needed, use the back page and separate sheets. Use separate sheets for the statements of witnesses accompanying the complainant.

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

1. COMPLAINANT INFORMATION

Complainant Identified: Yes Complainant Anonymous

Name _____

Home Address _____

Telephone () _____

E-Mail Address _____

Cell Phone () _____

Other Contact Location (Optional) _____

Telephone () _____

Age _____ Date of Birth _____ Gender _____ Race _____

2. INCIDENT INFORMATION

Day, Date & Time of Incident _____

Location of Incident _____

Name of Accused Employee _____ Badge No. _____

Description of Employee _____

Name of Second Accused Employee _____ Badge No. _____

Previous Contacts with the Accused Employee(s): Yes No If Yes, When and Circumstances _____

Other Employees Present _____

Other Evidence Or Documentation To Support Allegations: Yes No If Yes, Describe: _____

3. WITNESS INFORMATION – Please identify all witnesses (for example, eyewitnesses) whom you believe possess information relevant to the complaint.

Name _____ Address _____
_____ Telephone () _____

Email _____ Cell Phone () _____

Age _____ Date of Birth _____ Gender _____ Race _____

Description If Not Identified (Including Clothing) or other information that will assist with identifying the witness: _____

Name _____ Address _____
_____ Telephone () _____

Email _____ Cell Phone () _____

Age _____ Date of Birth _____ Gender _____ Race _____

Description If Not Identified (Including Clothing) or other information that will assist with identifying the witness: _____

if more witnesses, please attach additional witness information.

4. COMPLAINANT INJURIES

Injuries Claimed: Yes No If Yes, Describe _____

Injuries Visible: Yes No If Yes, Describe _____

Doctor or Hospital Visited: Yes No If Yes, Who, When, Where and What Treatment Received: _____

Photos or Other Documentation Taken of Injuries: Yes No If Yes, Describe: _____

Willing To Release Photos or Other Documentation: Yes No

Willing To Provide Medical Records: Yes No

5. INCIDENT NARRATIVE

Describe incident in detail giving specific times, dates, locations, witnesses, conversations and actions.

If you have previously provided a written narrative of the incident, i.e., email, letter, of the incident, do you wish this submission to serve as your narrative: Yes No

If no, please provide an incident narrative

You may attach additional sheets. Please sign and date each additional sheet.

6. CONFIDENTIALITY

Please specify any information that you wish the Department to maintain confidentially, to the extent doing so is permissible under the law.

7. SIGNATURE OF COMPLAINANT

Willing To Sign Refused To Sign Unavailable To Sign

I hereby acknowledge that I have read this completed Citizen Complaint Form and that the statements and information contained herein are true to the best of my knowledge.

Signature of Complainant _____ Date _____

FOR POLICE DEPARTMENT USE ONLY

1. INTAKE INFORMATION

How Complaint Received: In-Person Telephone Mail E-Mail Website

Name, Title of Person & Date Received Complaint: _____

Location Where Complaint Filed: Selectmen’s Office Police Station

Day, Date & Time Complaint Received By Office of Professional Responsibility: _____

Verbal Explanation of Citizen Complaint Procedures Provided to Complainant: Yes No N/A

Brochure and Written Explanation of Citizen Complaint Procedures Provided to Complainant:

Yes No In Person US Mail E-Mail

Preliminary Classification of Complaint (Police — Chief or IAO): A B C D

Classification of Complaint (Town Administrator): A B C D