

Somerville Police Department Complaint Control Form



Complaint #: (Assigned by IAU)		Type of Complaint Bias Conduct Alleged: Yes; No				Original to: Professional Standards Unit/Supervisor Copy to: Complainant at time of complaint Copy to: Division of Police Standards (POST)				
Date of Complaint	Time of Complaint		Day:		Complaint Received	In Person _ Telephone _	_MailEma _Other _On	ail linePOST(DPS)		
Date of Occurrence	ce Time of Occurrence Day:				Location of Incident (#, Street, City)					
Complainant (last, first, M)				Addre	ss (#, Stre	et, City, St, & Zip	Code)			
Phone: (Home) (Work)	Sex: _	_Male Female		Race	Age	D.O.B.	Marı	ried: es No		
Result of:Parking Comp			Traffic Citation			plainant if Compl	aint Resolved	at Time of	Date:	
Narrative:										
_										
							(0	continue on reverse i	f necessary)	
WARNING: False state to one year shall punish when the state to one year shall punish when the state of the s	noever knowingly	and intention	onally makes a	inder the pains a FALSE REPOF	nd penaltie T of a crin	es of perjury. A fine on this form.	ne up to \$500	and imprisonment fo	or up	
•	ant Should Sign ant's Parent or G			is under (<19) E						
_			- Joinplainant				DOOT O		NI	
(1.) Name of Employee Complained Against:					e No. / Emp	oloyee ID No.	POST-C Certification Identification No.			
Sex: Male Race: W;B D.O.B. / Age Female A;M;H: I:O			Height	Weigl	nt	Build	Hair	Eyes		
(2.) Name of Employee Complained Against:				Badge	Badge No. / Employee ID No.		POST-C Certification Identification No.			
Sex:Male Race:W;B D.O.B. / Age Female A;M;H:).B. / Age	Height	Weigl	nt	Build	Hair Eyes			
l: (1.) Name of Witness:	.0			Address						
(1.) Name of Withess.				Address						
Phone	Sex:Male Fema		ace	Age		D.O.B		Married:YesNo		
(2) Name of Witness:		<u> </u>		Address		1				
Phone	Sex:Male Fema		ace	Age		D.O.B		Married:YesNo		
Signature of Supervisor Receiving Complaint						I.D. No.		Tour of Duty		
Superior Officer Assigned t	o Investigate Cor	nplaint				L	I.D. No.			
Internal Affairs Unit Notified	d:YesN	 o	No	tified by:	Ţ	ïme	Date	e		