



# SOMERVILLE POLICE DEPARTMENT

## COMPLAINT / COMMENDATION FORM

**Instructions:**

1. Complete with as many details as possible
2. Deliver to: The Somerville Police Professional Standards Division  
220 Washington St, Somerville, MA 02143
3. Or E-mail to: ProfessionalStandards@police.somerville.ma.us
4. You will be contacted within 24 hours of receipt

**Officer(s) Involved:**

**Description If Officer's Name is Unknown**

Officer Name	Badge #	Height:	Glasses: Y    N	Car #	Build:
Officer Name:	Badge #	Hair	Race:	Car #	Accent:

**Witness Information:**

Last Name:	First Name:	M.I.	Phone:
Address:	City	State:	Zip:
Last Name:	First Name:	M.I.	Phone:
Address:	City:	State:	Zip:

**Your Information:**

Last Name:	First Name:	Date of Birth:
Phone:	Email Address:	
Address:	City: State:	Zip:

**Incident Details:**

Date of Incident:	Time Of Incident:	Incident Location:
Date of Report:	Police Rpt # (If Known)	Signature:

**Nature of Complaint/Commendation**

Nature of Complaint/Commendation:



Signature of Reporting Party: \_\_\_\_\_ Date: \_\_\_\_\_

Officer Receiving Report: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian of Minor: \_\_\_\_\_ Date: \_\_\_\_\_