



Bourne Police Department

175 Main St, Buzzards Bay MA 02532

COMPLAINT: Citizen/s vs. Police Officer/s

Name of Aggrieved Person: Address: Phone:

Business: Address: Phone:

Date of Birth: Social Security No:

Personnel Complained About:

Name: Rank: Badge No:

Description:

Date, Time, and Location of incident:

Nature of Complaint: (describe in your own words everything you consider necessary for the police to investigate your complaint. Use another sheet if necessary)

Witness Name: Address: Phone:

Witness Name: Address: Phone:

I understand that I will be informed of the result of the police investigation and the disposition of my complaint. I am (am not) willing to testify at any hearing in this connection. I have read the above statement of complaint and it is true and accurate to the best of my knowledge.

Signature: _____
Aggrieved Party

Witness

Signature of Receiving Officer

Received Date and Time

Copy to Complainant

Form # 1040