

Freetown Police Department

Complaint Control Form

Division: Communications	Complaint #:	Type of Complaint: (Circle One) Physical Abuse Verbal Abuse Other: _____		
Date of Incident:	Time of Incident:	Location of Incident: Communication Center		
Complainant's Name:		Sex* :	DOB* :	Race*:
Street Address:		City/Town	Zip Code:	Marital Status*:
Mailing Address if Different:				
Telephone #: (home / work)			Social Security No. *:	

***Indicates Optional Information**

*Indicates Optional Information			
1.	Name of Employee Complained Against:	Rank:	Employ./Badge #: Shift:
2.	Name of Employee Complained Against:	Rank:	Employ./Badge #: Shift:
3.	Name of Employee Complained Against:	Rank:	Employ./Badge #: Shift:
*Indicates Optional Information			
1.	Name of Witness:	Address:	Telephone #: (home/work)
Date of Birth*:		Social Security No. *:	
2.	Name of Witness:	Address:	Telephone #: (home/work)
Date of Birth*:		Social Security No. * :	
3.	Name of Witness:	Address:	Telephone #: (home/work)
Date of Birth*:		Social Security No. *:	
4.	Name of Witness:	Address:	Telephone #: (home/work)
Date of Birth*:		Social Security* No.:	

Include Additional Witnesses in Narrative

Complainant's Signature.
(or Parent/Legal Guardian if complainant if under 18 yrs.)

Date And Time

POLICE USE ONLY

Date/Time of Complaint:	How Complaint Received: (circle one) In Person Telephone Mail Other	Result of: (circle one) Arrest Injury Traffic stop Other
Ranking Officer (OIC) receiving Complaint: Print Name:		