## LOWELL POLICE DEPARTMENT 50 Arcand Drive Lowell, MA 01852 978-937-3200

# CITIZEN COMPLAINT FORM

Instructions:

- 1. Complete this form with as many details as possible.
- 2. Return the completed form to the Lowell Police Professional Standards Division.

### **COMPLAINANT INFORMATION** This form is to be completed by the person making the complaint.

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	RACE
HOME PHONE	WORK PHONE & EXTENSION		OTHER CONTACT NUMBER	
ADDRESS	TOWN/CITY		STATE	ZIP

#### **OFFICER(s) INVOLVED**

OFFICER'S NAME	RANK	BADGE #	CAR #	Description of Officer (if name unknown) (height, weight, eyes and/or any other outstanding features.
OFFICER'S NAME	RANK	BADGE #	CAR #	Description of Officer (if name unknown) (height, weight, eyes and/or any other outstanding features.
OFFICER'S NAME	RANK	BADGE #	CAR #	Description of Officer (if name unknown) (height, weight, eyes and/or any other outstanding features.

#### WITNESS INFORMATION

LAST NAME	FIRST NAME	M.I.	PHONE
ADDRESS	CITY/TOWN	STATE	ZIP
LAST NAME	FIRST NAME	M.I.	PHONE
ADDRESS	CITY/TOWN	STATE	ZIP

#### **INCIDENT DETAILS**

DATE OF INCIDENT	TIME OF INCIDENT	POLICE REPORT # (if known)
LOCATION OF INCIDENT		

## NATURE OF COMPLAINT

testify at a hearing in connection with this complaint.

Signature of Complainant

Officer Receiving Report (Print)

Commanding Officer (Print)

Signature of Commanding Officer

Date Signed / Time

Date Signed / Time

Date Signed / Time

I have read this complain report and truly declare and affirm that the statements contained herein are accurate, true and complete to the best of my knowledge and belief. I am \_\_\_\_\_ am not\_\_\_\_ willing to

ommanding officer (1 mit)

\_\_\_\_\_

Parent/Guardian signature if complainant is a minor: