Saugus Police Department Complaint Form

This form shall be given by the Exec. Officer/Asst. Chief or Shift Commander (OIC) to any citizen (*including a prisoner*) who makes a complaint about any employee of the Saugus Police Dept. The complainant is not required to fill out the form nor is their signature required for an investigation to be conducted. Completed forms shall be returned to the Exec. Officer/Asst. Chief or Shift Commander (OIC).

Report # (*if applicable*)	IA # (*from IA*):
Complainant Name:	Employee:
Address:	Occurrence Date/Time:
Phone(s):	Location:

Complainant's Description of the Incident that resulted in complaint. If the police employee name is unknown by complainant please describe employee. Use reverse side if necessary:

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_____

Witnesses (if applicable):

Name:	Address/Phone:
Name:	Address/Phone:
Name:	Address/Phone:

Is Complainant willing to testify at all hearings in connection with complaint? **Yes** ☐ **No** ☐

I have read this complaint and declare that it is true, accurate & complete.

_____

Signature of Complainant **(*or parent/guardian if under 18*)** Date

_____

Name and ID # of Supervisor Taking Complaint (*Print*) Date

_____

Signature of Supervisor Taking Complaint

WARNING**: Intentionally & knowingly making or causing to be made a false report of a crime to police is punishable by imprisonment and a fine. This statement is signed under the penalty of **PERJURY.

Was complaint resolved by the Supervisor taking the initial complaint? **Yes** ☐ **No** ☐

Is the above Supervisor referring the complaint to IA for Investigation? **Yes** ☐ **No** ☐

Date Form was forwarded to Exec. Officer/Asst. Chief for IA Investigation: _____