

Arlington Police Department



POLICE HEADQUARTERS 112 Mystic Street Telephone 781-316-3900

CITIZEN COMMENDATION/COMPLAINT FORM OFFICE OF PROFESSIONAL STANDARDS

CITIZEN INFORMATION

Name:			Date of Birth:			
Home Address:					Zip Code:	
Business Addres	ss:		City:	State:	Zip Code:	
Email Address:			Home Phone:	()		
Business Phone: ()			Cell Phone: ()			
		INCII	DENT INFORMATIO	ON .		
Officer(s) Involv	ved (if more tha	an one, please state)				
Name:			Badge Number	er:	Vehicle Number:	
Name:			Badge Number	er:	Vehicle Number:	
Location of Inci	dent:		Date of Incide	ent:	Time of Incident:	
		WIT	NESS INFORMATIO	N		
Name of Witnes	ss #1:		Witness #1 A	ddress:		
City:	State:	Zip Code:	Business Add	ress:		
City:	State:	Zip Code:	Email Addres	s:		
Home Phone: ()	Business Ph	none: ()	Cell P	hone: ()	
Name of Witnes	ss #2:		Witness #2 A	ddress:		
		Zip Code:		ress:		
		Zip Code:				
					hone: ()	

DESCRIBE BASIS FOR COM	MMENDATION OR COMPLAINT (Please Circle One)
PLEASE ATTACH SEP	PARATE SHEET IF MORE SPACE IS NEEDED
TO THE BEST OF MY KNOWLEDGE, THE ABOVE	STATEMENT IS AN ACCURATE AND TRUE ACCOUNT OF THE INCIDENT
CITIZEN'S SIGNATURE	DATE/TIME:
PRINT CITIZEN'S NAME	
	DATE/TIME:
IF CITIZEN IS UNDER EIGHTEEN YEARS	OF AGE, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED
PARENT/GUARDIAN SIGNATURE	
	DATE/TIME:
PRINT PARENT/GUARDIAN NAME	
	DATE/TIME:
NAME, RANK AND SIGNATURE OF DEPAR	TMENT EMPLOYEE RECEIVING THIS FORM
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