



# Arlington Police Department



POLICE HEADQUARTERS  
112 Mystic Street  
Telephone 781-316-3900

**Juliann Flaherty**  
Chief of Police

*Town of Arlington*  
MASSACHUSETTS 02474

## CITIZEN COMMENDATION/COMPLAINT FORM OFFICE OF PROFESSIONAL STANDARDS

### *CITIZEN INFORMATION*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Business Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

### *INCIDENT INFORMATION*

Officer(s) Involved (if more than one, please state)

Name: \_\_\_\_\_ Badge Number: \_\_\_\_\_ Vehicle Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Badge Number: \_\_\_\_\_ Vehicle Number: \_\_\_\_\_  
 Location of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

### *WITNESS INFORMATION*

Name of Witness #1: \_\_\_\_\_ Witness #1 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Name of Witness #2: \_\_\_\_\_ Witness #2 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

