Westford Police Department Citizen Complaint Report Professional Standards Division

Name of Complainant	:	*		(IA#)
(please print)	(last)	(first)	(initial)	(/)
Home Address:			_ Phone: ()	
Business Address:		j	Phone: ()	market and a second formation
Other contact numbers	s: cell:	pager:		
Name of Officer(s) inv	volved:	_	Badge No	
			Badge No.	
Nature of Complaint:				
Location of Occurrence	e:	Date:	Time:	
4	-			
				,
20,				
	4			
Signature of Complaina	ant:		Dete	-
remaine or complains	(this form signe	ed under the pains and penalties	Date:	
Witnessed by:			Date:	

(see other side)

Witnesses: Name, Address and Phone number			
1.		3 1	
2			
3.	ı	a a	
Received by: (Sign Rank, Name and Badge number)	,	Date:	Time:
Investigating Officer assigned:		Date:	Time:
Results of Investigation :			
Complainant advised: YES NO			