



Acton Police Department

Chief Richard Burrows
371 Main Street
Acton, MA 01720

Citizen's Complaint Form

Instructions:

It is the policy of the Acton Police Department to investigate all complaints against the department and/or a member(s) of the department, regardless of the source of such complaints, through a regulated, fair and impartial Internal Affairs (IA) Program.

If a person has such a complaint, it may be filed with the on duty supervisor, Lieutenant, Deputy Chief, or the Chief of Police. A report on your complaint will be taken and investigated by an appropriate member of the department.

You may file your complaint verbally or in writing, however writing is preferred so there are no misunderstandings or inaccuracies. Please fill out the attached complaint form with as much detail as possible.

***** TO BE COMPLETED BY THE COMPLAINANT*****

<u>Date of Incident</u>	<u>Time of Incident</u>	<u>Date Reported</u>	<u>Time Reported</u>	<u>Complaint made against</u> (name or description)
<u>Location of Incident</u>				
<u>Complainant's Name</u>		<u>Phone #</u>	<u>Email Address</u>	
<u>Name of Person Assisting Complainant</u>		<u>Phone #</u>	<u>Email Address</u>	
<u>Witness Information (Name, Phone #, Email Address etc.)</u>				

Details of the Incident: Please provide a full description of the circumstances that prompted your complaint. Attach supporting documentation, as appropriate; including letters, emails, photos, videos or audio tapes, etc.

(Attach additional pages, if necessary)

I have read, or had read to me, the above and attached complaint and statement consisting of _____ pages. All of the answers are true and accurate to my knowledge. I understand that filing a false report of a crime committed is a violation of M.G.L. 269 s. 13A, and could result in my arrest and being fined and/or imprisoned.

Complainant’s Signature

Date and Time Signed

Signature of Parent/Guardian
(If the Complainant is Under 18 yrs.)

Date and Time Signed

Departmental Use Only

Received By: Rank/ Name/ ID Number

Date

Time Received

Investigated By: Rank/ Name/ ID Number

Date

Time Received

Case Number