

# West Stockbridge Police Department

## Officer Complaint Form

Thank you for your interest and concern in maintaining a high standard of professionalism within the law enforcement community in West Stockbridge. It is the policy of the West Stockbridge Police Department to investigate all Complaints against a member of the Department through a regulated, fair and impartial Internal Affairs Program. You do not need to be familiar with the law or Police regulations to file your complaint. Complete this Complaint form and submit it to the Chief of Police at the Police Station. You will be contacted by the Chief of Police. You will be kept abreast of the progress of the case, and will be notified of the results of the investigation when completed, usually within thirty (30) days.

Today's Date \_\_\_\_\_ Current Time \_\_\_\_\_

Name of Complainant \_\_\_\_\_

Address of Complainant \_\_\_\_\_

\_\_\_\_\_

Telephone Number of Complainant \_\_\_\_\_

List the Names, Addresses and Telephone Numbers of any Witnesses, if known.

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List the Name, Rank, (if known) and Description of the Employee (Officer) you are making the Complaint against. \_\_\_\_\_

List the Date, Time and Location of the Incident you are making the Complaint about

Write a Description of the Incident, which caused you to file this Complaint.

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