

Fitchburg State University Police Department Complaint Control Form

Complaint #: (Assigned by	IAU) Ty	Type of Complaint					Original to: Internal Affairs Unit/Supervisor						
		Bias Conduct Alleged: Yes_; No_					Copy to: Complainant at time of complaint Copy to: <i>Division of Police Standards</i> (POST)						
Date of Complaint	Time of Complaint Day		Day:		How Comp Was Recei			Person _ elephone _	_Mail _Other _	_Email Online	POST(DPS)		
Date of Occurrence	Time of Occurrence Day:				Location of	Location of Incident (#, Street, City)							
Complainant (last, first, M)	1	A			Address (#	Address (#, Street, City, St, & Zip Code)							
Phone: (Home) (Work)	Sex:Male Female				Race	Age	je D.O.B.			Married: _YesNo			
Result of: Parking Complaint Arrest Traffic Citation Injury Field Interrogation Other						Signature of Complainant if Complaint Resolved at Time of Date Complaint:							
Narrative:													
(continue on reverse if necessary)													
WARNING: False statements made on this form are punishable under the pains and penalties of perjury. A fine up to \$500 and imprisonment for up to one year shall punish whoever knowingly and intentionally makes a FALSE REPORT of a crime on this form.													
Complainant Should Sign at End of Narrative:													
Complainant's Parent or Guardian if Complainant is under (<18) Eighteen:													
(1.) Name of Employee Complained Against:						Badge No. / Employee ID No.			POST-C Certification Identification No.				
Sex:Male Race: _ FemaleA; I:C	M; <u>H</u> :	8. / Age	Heigl	ht	Weight		Build		Hair		Eyes		
(2.) Name of Employee Complained Against:					Badge No.	Badge No. / Employee ID No			POST-C Certification Identification No.				
Sex: Male Race: W; B D.O.B. / Age Female A; _M; H:			Height		Weight		Build		Hair		Eyes		
(1.) Name of Witness:			Ado	dress									
Phone S	ex:Male Female		Race		Age			D.O.B		Mar	ried:Yes No		
(2) Name of Witness: Addres													
Phone Sex:Male RaceFemale					Age		D.O.B			Mar	Married:Yes No		
Signature of Supervisor Receiving Complaint								I.D. No.		Tou	r of Duty		
Superior Officer Assigned to Investigate Complaint									I.D. No				
Internal Affairs Unit Notified:YesNo Notified by:						Tii	me	ne D					