

KENNETH, PAULHUS
CHIEF OF POLICE



TOWN OF SOUTHBOROUGH

POLICE DEPARTMENT

19 Main Street
Southborough, Massachusetts 01772

Emergency: 9-1-1
All Other: (508) 485-2121

Business: (508) 485-2147

Fax: (508) 485-4634

kpaulhus@southboroughma.com

COMPLAINT AGAINST MEMBER OF DEPARTMENT

INCIDENT NUMBER: _____

DATE OF REPORT: _____ TIME OF REPORT: _____
CHECK IF ANONYMOUS REPORT

COMPLAINANT NAME: _____ ADDRESS: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____ SSN OR LICENSE NUMBER: _____

NAME, RANK, BADGE NUMBER (IF AVAILABLE) OR DESCRIPTION OF MEMBER OF DEPARTMENT

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____
LOCATION OF INCIDENT: _____

PLEASE USE THE BACK OF THIS SHEET TO DESCRIBE COMPLETELY THE INCIDENT WHICH LED TO THIS COMPLAINT

NAME OF WITNESS: _____ ADDRESS OF WITNESS: _____
TELEPHONE NUMBER _____

NAME OF WITNESS: _____ ADDRESS OF WITNESS: _____
TELEPHONE NUMBER _____

ADDITIONAL WITNESS MAY BE LISTED ON THE BACK OF THE SHEET

SIGNATURE OF COMPLAINANT: _____ SIGNATURE OF GUARDIAN: _____
CHECK IF SIGNATURE REFUSED

THIS COMPLAINT HAS BEEN IMMEDIATELY RECTIFIED TO MY SATISFACTION: _____

THE SECTION BELOW IS FOR DEPARTMENT USE ONLY:

INCIDENT NUMBER: _____ IA NUMBER: _____

NAME/RANK OF RECIPIENT: _____ SIGNATURE: _____

COMPLAINT RECIPIENT (CHECK ONE)		
IN PERSON _____	Via TELEPHONE _____	Via MAIL, FAX OR EMAIL _____
CLASSIFICATION		
ALLEGED RUDENESS _____	MINOR INSUBORDINATION _____	
BRUTALITY _____	RULES VIOLATION (non-minor) _____	
CIVIL RIGHTS _____	RULES VIOLATION (minor) _____	
CORRUPTION _____	TARDINESS _____	
CRIMINAL MISCONDUCT _____	SPECIFY OTHER _____	
EXCESSIVE FORCE _____		

THIS REPORT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MASSACHUSETTS LAW CHAPTER 269 SEC 13A PROVIDES THAT ANYONE WHO INTENTIONALLY AND KNOWINGLY MAKES OR CAUSES TO BE MADE A FALSE REPORT OF A CRIME TO A POLICE OFFICER SHALL BE FINISHED BY A FINE OF NOT LESS THAN ONE HUNDRED NOR MORE THAN FIVE HUNDRED DOLLARS OR BY IMPRISONMENT IN A JAIL OR HOUSE OF CORRECTION FOR NOT MORE THAN ONE YEAR, OR BOTH.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY:

SIGNATURE: _____ PRINT NAME: _____

WITNESSED BY: _____ PRINT NAME: _____