



# City of Cambridge Police Department

**Christine A. Elow**  
*Police Commissioner*

## **CITIZENS COMPLAINT REPORT DEPARTMENT OF PROFESSIONAL STANDARDS**

### ***Complainant Information***

<i>Name of Complainant</i> _____	<i>Time and Date Received</i> _____
<i>Complainant Address</i> _____	<i>City</i> _____ <i>State</i> ____ <i>Zip Code</i> _____
<i>Business Address</i> _____	<i>City</i> _____ <i>State</i> ____ <i>Zip Code</i> _____
<i>Email Address</i> _____	<i>Home Phone</i> (____) _____
<i>Business Phone</i> (____) _____	<i>Cell Phone</i> (____) _____

### ***Incident Information***

*Subject Officer (if more than one, so state)*

<i>Name</i> _____	<i>Badge Number</i> _____	<i>Vehicle Number</i> _____
<i>Name</i> _____	<i>Badge Number</i> _____	<i>Vehicle Number</i> _____

*Location of Incident* \_\_\_\_\_ *Date of Incident* \_\_\_\_\_ *Time of Incident* \_\_\_\_\_

### ***Please Provide a Brief Summary of Complaint:***

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*\*If more space needed, please attach a separate sheet*

Parties will be notified of the results and disposition of the investigation. Please state if you are or are not willing to testify at any hearings connected with the investigation:  Yes  No

**Witness Information**

Name of Witness #1 \_\_\_\_\_ Witness #1 Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name of Witness #2 \_\_\_\_\_ Witness #2 Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name of Witness #3 \_\_\_\_\_ Witness #3 Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Complainant Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Print Complainant Name**

\_\_\_\_\_ **Date** \_\_\_\_\_

*\*If complainant is under eighteen years of age, signature of parent or guardian is required:*

**Parent/Guardian Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Print Parent/Guardian Name**

\_\_\_\_\_ **Date** \_\_\_\_\_