



City of Cambridge Police Department

CITIZENS COMPLAINT REPORT DEPARTMENT OF PROFESSIONAL STANDARDS

Complainant Information

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

Incident Information

Subject Officer (if more than one, so state)
 Name _____ Badge Number _____ Vehicle Number _____
 Name _____ Badge Number _____ Vehicle Number _____
 Location of Incident _____ Date of Incident _____ Time of Incident _____

Please Provide a Brief Summary of Complaint:

*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 _____