



City of Cambridge POLICE REVIEW & ADVISORY BOARD

51 Inman Street
Cambridge, MA 02139

Tel: 617.349.6155 • Fax: 617.349.6221
TDD/TTY 617.349.6112
Email: prab@cambridgema.gov
COMPLAINT FORM

Case No: PR- _____
Staff: _____
Open Date: _____
Close Date: _____

(PLEASE PRINT)

COMPLAINANT (Your name)

Name _____
Street _____
City/State/Zip _____
Telephone _____
Fax _____
Email _____

RESPONDENT (Officers involved)

1. Officer/Rank/Badge# _____

2. Officer/Rank/Badge# _____

3. Officer/Rank/Badge# _____

INCIDENT

Location _____
Time & Date _____

INJURY

Yes No
Were you injured? _____
Describe your injury _____

Did you receive medical attention? _____
By whom? _____
Where? _____

	Yes	No
Was force used?	_____	_____
Was abusive language used?	_____	_____
Were racial references made?	_____	_____

WITNESSES

Name _____
Street _____
City/State/Zip _____
Telephone _____
Name _____
Street _____
City/State/Zip _____
Telephone _____

SEARCH

You?	_____	_____
Vehicle?	_____	_____
House?	_____	_____
Person?	_____	_____
Other? (If yes, explain)	_____	_____

For Office Use Only

Release Authorization Yes _____ No _____
Complaint Type _____
Agency Referral _____ Walk in _____ By mail _____ Phone _____ Email _____ Web _____

