



# Chicopee Police Department

## Complaint Control Form

Complaint #: (Assigned by IA)		Complaint Originated: <input type="checkbox"/> Internal <input type="checkbox"/> Citizen			<b>Original</b> to: Internal Affairs Unit/Supervisor <b>Copy</b> to: Complainant at time of complaint		
		Anonymous? <input type="checkbox"/>					
Date of Complaint	Time of Complaint	Day:	How Complaint Was Received	<input type="checkbox"/> In Person	<input type="checkbox"/> Mail	Email	
				<input type="checkbox"/> Telephone	<input type="checkbox"/> Other	<input type="checkbox"/> Online <input type="checkbox"/> POST(DPS)	
Date of Occurrence	Time of Occurrence	Day:	Location of Incident (#, Street, City)				
Complainant (last, first, M)			Address (#, Street, City, St, & Zip Code)				
Phone:	Sex:	Race	Age	D.O.B.	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Result of: <input type="checkbox"/> Parking Complaint <input type="checkbox"/> Arrest <input type="checkbox"/> Injury <input type="checkbox"/> Field Interrogation <input type="checkbox"/> Traffic Citation <input type="checkbox"/> Other			Signature of Complainant if Complaint Resolved at Time of Complaint:			Date:	
Narrative:							
(continue on reverse if necessary)							
<b>WARNING:</b> 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.							
<b>Complainant Should Sign at End of Narrative:</b> _____ <b>Complainant's Parent or Guardian if Complainant is under (&lt;18) Eighteen:</b> _____							
(1.) Name of Employee Complained Against:				Badge No. / Employee ID No.		POST-C Certification Identification No.	
Sex:	Race:	D.O.B. / Age	Height	Weight	Build	Hair	Eyes
(2.) Name of Employee Complained Against:				Badge No. / Employee ID No.		POST-C Certification Identification No.	
Sex:	Race:	D.O.B. / Age	Height	Weight	Build	Hair	Eyes
(1.) Name of Witness:			Address				
Phone	Sex:	Race	Age	D.O.B.			
(2) Name of Witness:			Address				
Phone	Sex:	Race	Age	D.O.B.			
Signature of Supervisor Receiving Complaint					I.D. No.		
Superior Officer Assigned to Investigate Complaint						I.D. No.	
Internal Affairs Unit Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Notified by:			Time	Date	

Narrative Continued:

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Complainant Signature: \_\_\_\_\_