



Chicopee Police Department

Complaint Control Form

Complaint #: (Assigned by IA)		Complaint Originated: Internal Citizen			Original to: Internal Affairs Unit/Supervisor Copy to: Complainant at time of complaint		
					Anonymous?		
Date of Complaint	Time of Complaint	Day:	How Complaint Was Received: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> 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"/> Traffic Citation <input type="checkbox"/> Injury <input type="checkbox"/> Field Interrogation <input type="checkbox"/> Other			Signature of Complainant if Complaint Resolved at Time of Complaint:			Date:	
Narrative:							
(continue on reverse if necessary)							
WARNING: 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.							
Complainant Should Sign at End of Narrative: _____							
Complainant's Parent or Guardian if Complainant is under (<18) Eighteen: _____							
(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:

Complainant Signature: _____