

Richard M. Stanley
Chief of Police

Town of North Andover
POLICE DEPARTMENT
CITIZEN COMPLAINT FORM

566 Main Street
North Andover, MA 01845
(978)-683-3168

Name of Complainant: _____

Resident Address: _____ Telephone: _____

Business Address: _____ Telephone: _____

Name of Officer (complaint is against): _____ Rank: _____ Badge#: _____ Car#: _____

Description (if name is not known): _____

Date & Time of Incident: _____ Location of Incident: _____

Description of Incident: _____

Name of Witness: _____
Address: _____ Telephone: _____

Name of Witness: _____
Address: _____ Telephone: _____

I have read the complaint report and I truly declare and affirm that the statements contained are accurate, true and complete to the best of my knowledge and belief. I AM/AM NOT willing to testify at the hearing in connection with this complaint

(Signature of Complainant)

(Signature of Parent of Guardian if he/she is Minor)

Date & Time Received: _____

Name & Rank of Supervisor Receiving Report: _____

**ORIGINAL - CASE FILE
COPY - COMPLAINANT**