



# North Reading Police Department



150 Park St. North Reading, Massachusetts 01864  
Telephone 978-664-3131 Fax 978-664-3170

Edward W. Nolan  
Chief of Police

## Citizen Complaint of Police Misconduct Form

Date of Complaint: \_\_\_\_\_ Time: \_\_\_\_\_

Name Aggrieved Person: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Officer(s) Complained About:

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ ID# \_\_\_\_\_

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ ID# \_\_\_\_\_

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ ID# \_\_\_\_\_

### Description of Officer(s) complained about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of reported incident that resulted in complaint: \_\_\_\_\_

\_\_\_\_\_

Time and date of reported incident that resulted in complaint: \_\_\_\_\_

\_\_\_\_\_



**Names, Addresses, Phone Numbers of Any Witnesses:**

Name 1: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name 2: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name 3: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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I understand that I will be informed of the result of the investigation and the disposition of my complaint as soon as possible.

I am \_\_\_\_\_ or I am not \_\_\_\_\_ willing to testify at any Internal or Criminal Hearing on this matter.

***To the best of my knowledge, the above statements are a true and accurate account.***

**Signature:** \_\_\_\_\_  
(Aggrieved Party or Complainant)

**Signature of parent or guardian:** \_\_\_\_\_  
(If aggrieved party is under 18 years old)

**Signature:** \_\_\_\_\_  
(Shift Commander or Officer in Charge)

**Date/Time Received:** \_\_\_\_\_