



University of Massachusetts Boston Police Department



CITIZEN COMPLAINT

Complainant Name: _____ Date: _____

Address: _____ Street _____ City/Town _____ State _____ Zip code _____

Mailing Address: _____ Street _____ City/Town _____ State _____ Zip code _____ (If different from above)

Contact number: _____

Location of Incident: _____ Date _____ Time _____

Name of Officer(s), employee involved: _____

Nature of complaint / description of incident (please print). You may also attach a pre-written document: (Supervisors - if information is received via email or phone, attach copy of email or notes from phone conversation to this document.)

Blank lines for incident description

Signature of Complainant: _____ Date: _____ Time: _____

Page _____ of _____



University of Massachusetts Boston Police Department



DEPARTMENT USE ONLY Shift Supervisor's Report

Complaint Received: In Person _____ Phone _____ Mail _____ Anonymous _____

Date: _____ Time: _____

Complainant Name: _____

Address: _____ Phone Number: _____

Officer (s) /Employee (s) Involved: Name (s): _____

Additional Officer (s)/ Employee (s) listed in Supervisor (s) Report Yes _____ No _____

Supervisor's report/actions taken:

Supervisor Name: _____ Date: _____ Time: _____

Report continued on additional Page(s) Yes _____ No _____

Receiving Supervisor forwarded Complaint to Chief /Designee on Date: _____ Time: _____

Page _____ of _____

