

West Tisbury Police Department Citizen Complaint Form

Name of Complainant:				Complaint	
Residence Address:				Page ____ of ____ Pages	
Home Phone: Work Phone:		Sex: M <input type="checkbox"/> F	Age:	Race:	DOB:
Business Name and Address:					
Name of Employee Complained Against:			Rank:	ID #:	Cruiser #:
Description of Employee (if name unknown):					
Date of Incident:		Time of Incident: AM <input type="checkbox"/> PM <input type="checkbox"/>		Location of Incident:	
Name of Witness:		Address:			Telephone:
Name of Witness:		Address:			Telephone:
Description of Incident:					

I have read this complaint report and I truly declare and affirm that the statements contained herein are accurate and complete to the best of my knowledge and belief. I am ☐ am not ☐ willing to testify at any hearing involving this complaint .

Date: _____

(Signature not obtained, phone conversation)

Signature

Signature of Parent of Guardian (if minor)

Signed under the pains and penalties of perjury.

Official Use Only

Date and Time Report Received:		AM <input type="checkbox"/> PM <input type="checkbox"/>		Signature of Officer Receiving Report	
Sustained <input type="checkbox"/> Not Sustained <input type="checkbox"/> Unfounded <input type="checkbox"/> Exonerated <input type="checkbox"/>					