

New Bedford Police Department Complaint Control Form

For DPS Use Only

Complaint #	Date:	Military Time:	Location Complaint Received:		How Complaint Received: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone				
Complaint Code: (See List on Reverse) 1./ 2./									
Area of Occurrence: <input type="checkbox"/> Center <input type="checkbox"/> North <input type="checkbox"/> South		Date:	Day:	Military Time:	Address/Location:				
Complainant Name (Last, First, MI): 1./		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	DOB (Age):	Result of: <input type="checkbox"/> Arrest <input type="checkbox"/> Injury <input type="checkbox"/> Stop <input type="checkbox"/> Traffic/Parking Viol. <input type="checkbox"/> Other				
Address:			Place of Employment:						
Occupation:	Social Security #:	Marital Status:		Telephone #: Home:	Work:	Hours:			
Name of Employee Complained Against: 1./		Rank:	Employ./Badge #:	Assign:	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Height	Weight	Hair	Eyes
Name of Employee Complained Against: 2./		Rank:	Employ./Badge #:	Assign:	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Height	Weight	Hair	Eyes
Witness Name (Last, First, MI): (Include Add'l Witnesses in Narrative)		Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race:	DOB (Age):	Telephone #: Home:	Work:	Hours:		
Address:		Social Security #:		Place of Employment:					
Ranking Officer Receiving Complaint:		Assign.:	Employ. #	Copy to Complainant: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Ranking Officer Signature:		Signature of Complainant if Complaint Resolved at Time of Complaint					Date:		
<p>Narrative: WARNING: False statements on this form are punishable under the penalty of perjury. Whoever knowingly makes a false written statement on this form shall be punished by imprisonment for up to 2 years or a fine of up to \$2500.00 or by both a fine and imprisonment- MGL Chapter 268, section 39. Persons convicted more than once of knowingly making false reports shall be punished by a mandatory one year jail term.</p>									
(Continue on Supplemental I&C Report if Necessary)									
Complainant should Sign at end of Narrative: _____								Date: _____	

COMPLAINT CODES

- 1. Physical Abuse**
- 2. Verbal Abuse**
- 3. Corruption**
- 4. Violations of Criminal Law**
- 5. Neglect of Duty**
- 6. Report Violation**
- 7. Property Violations**
- 8. Detail & Overtime Violations**
- 9. Violation of Rights**
- 10. Civil Cases**
- 11. Violation of Rules & Regulations**
- 12. Excessive Force**