



Newbury Police Department

7 Morgan Avenue, Newbury MA 01951

CITIZEN COMPLAINT FORM

NPD Use Only

Date/Time Received: _____

Recd by (sign): _____

Recd by (print): _____

IA Case No: _____

Recvd Via: Mail In Person Email

Other _____

- To be completed by person making complaint, with as much detail as possible.
- Complete, sign & date form, or select anonymous complaint, then seal it in a plain envelope addressed to Chief of Police, drop off at the address above or email it to p.fisher@newburypolice.com
- Complaints may also be filed with the Town of Newbury, Human Resources Director, 12 Kent Way, Byfield MA 01922

Complaint Information:

Date of report: _____ Bias conduct alledged?

Yes
No

Contact Resultant of:

Parking Issue
 Traffic Stop

Arrest
 Injury

Other: _____

____ **Original** (IA Investigator Copy)

____ **Complainant Copy**

____ **POST Copy**

Complainant Information (optional):

Name (First, MI, Last): _____ Date of Birth: _____ Race: ____ Sex:

Phone: _____ Home Cell _____ Phone (other): _____ Work Alternate _____ Lic # (ST/#): _____ / _____

Address (complete): _____

Involved Employee(s) Information:

Name: _____ Badge #: _____ Car #: _____ POST Cert. No: _____

Name: _____ Badge #: _____ Car #: _____ POST Cert. No: _____

Witness(es) Information:

Witness #1:

Name (First, MI, Last): _____ Date of Birth: _____ Sex:

Phone: _____ Home Cell _____ Phone (other): _____ Work Alternate _____ Lic # (ST/#): _____ / _____

Address (complete): _____

Witness #2:

Name (First, MI, Last): _____ Date of Birth: _____ Sex:

Phone: _____ Home Cell _____ Phone (other): _____ Work Alternate _____ Lic # (ST/#): _____ / _____

Address (complete): _____

Witness #3:

Name (First, MI, Last): _____ Date of Birth: _____ Sex:

Phone: _____ Home Cell _____ Phone (other): _____ Work Alternate _____ Lic # (ST/#): _____ / _____

Address (complete): _____

Incident Details (be as specific as possible):

Date of Incident: _____ Time of Incident: _____ AM
PM NPD Case # (if known): _____

Location of Incident: _____

Incident Report Narrative (be as specific as possible):

Narrative Page: 1 of ____
(Add pages as needed)

WARNING: False statements made on this form are punishable under the pains and penalties of perjury. A fine up to \$500 and imprisonment for up to one year shall punish whoever knowingly and intentionally makes a **FALSE REPORT** of a crime on this form.

Signature of Complainant: _____ Date signed: _____

Signature of Complainant Parent/Guardian (if under 18 years of age): _____ Date signed: _____

I wish to file this report anonymously.