

**Town of Lunenburg, Massachusetts
POLICE DEPARTMENT**

INTERIM CHIEF

Jeffrey Thibodeau
TEL: (978) 582-4531
FAX: (978) 582-4159



655 Massachusetts Avenue
Lunenburg, MA 01462

COMPLAINT FORM

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For Internal Use Only

1. Name of Employee Complained Against:			Badge No. / Employee ID No.:		POST-C Certification Identification No.:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> O:	D.O.B.:	Height:	Weight:	Build:	Hair:	Eyes:
2. Name of Employee Complained Against:			Badge No. / Employee ID No.:		POST-C Certification Identification No.:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> O:	D.O.B.:	Height:	Weight:	Build:	Hair:	Eyes:
1. Name of Witness:			Address:				
Phone:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> O:	Age:	D.O.B.:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Name of Witness:			Address:				
Phone:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> O:	Age:	D.O.B.:	Married: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature of Supervisor Receiving Complaint:					I.D. No.:	Tour of Duty:	
Superior Officer Assigned to Investigate Complaint:					I.D. No.:		
Internal Affairs Unit Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Notified by:		Time:		Date:	