

Complaint #/IA#: (LPD Use Only)		Type of Complaint:	Original to: Internal Affairs Unit/Supervisor Copy to: Complainant at time of Complaint Copy to: Division of Police Standards (POST)	
		Bias Conduct Alleged: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Date of Complaint:	Time of Complaint:	Day:	How Complaint Was Received: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Other <input type="checkbox"/> Online <input type="checkbox"/> POST(DPS)	
Date of Occurrence:	Time of Occurrence:	Day:	Location of Incident (#, Street, City):	
Complainant (last, first, M):			Address (#, Street, City, St, & Zip Code):	
Phone:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Age:	D.O.B.: Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
Result of: <input type="checkbox"/> Parking Complaint <input type="checkbox"/> Arrest <input type="checkbox"/> Traffic Citation <input type="checkbox"/> Injury <input type="checkbox"/> Field Interrogation <input type="checkbox"/> Other _____		Signature of Complainant if Complaint Resolved at Time of Complaint: _____		Date:
Narrative:				
(Attach additional signed pages if necessary)				
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.				
Complainant Should Sign at End of Narrative: _____				
Complainant's Parent or Guardian if Complainant is under Eighteen: _____				

Town of Lunenburg, Massachusetts

POLICE DEPARTMENT

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



655 Massachusetts Avenue
 Lunenburg, MA 01462

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.: Age:	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.: Age:	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:		Notified by:		Time:		Date:	
<input type="checkbox"/> Yes <input type="checkbox"/> No							