

Winthrop Police Department
Complaint Control Form

Please Print

Complaint #: (Assigned by IAD) | Type of Complaint | Original to Internal Affairs Unit | Copy to Complainant at time of complaint
Date of Complaint | Time of Complaint | Day: | How Complaint Was Received | In Person Mail Telephone Other
Date of Occurrence | Time of Occurrence | Day: | Location of Incident (#, Street, City)
Complainant (last, first, M) | Address (#, Street, City, St, & Zip Code)
Phone: (Home) (Work) | Sex: Male Female | Race | Age | D.O.B. | Married: Yes No
Result of: Parking Complaint Arrest Traffic Citation Injury Field Interrogation Other | Signature of Complainant if Complaint Resolved at Time of Complaint: | Date:

Narrative:
[Empty lines for narrative text]

(continue on reverse if necessary)

WARNING False statements made on this form are punishable under the pains and penalties of perjury. A fine of 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/Guardian if Complainant is under 18 y/o

(1.) Name of Employee Complained Against: | Badge No. | I.D. No.
Sex: Male Female | Race | D.O.B. / Age | Height | Weight | Build | Hair | Eyes
(2.) Name of Employee Complained Against: | Badge No. | I.D. No.
Sex: Male Female | Race | Age | Height | Weight | Build | Hair | Eyes

(1.) Name of Witness: | Address | Phone | Sex: Male Female | Race | Age | D.O.B. | Married: Yes No
(2.) Name of Witness: | Address | Phone | Sex: Male Female | Race | Age | D.O.B. | Married: Yes 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: Yes No | Notified by: | Time | Date

