

**BRIDGEWATER POLICE DEPARTMENT**

**CIVILIAN COMPLAINT REPORT**

TIME: \_\_\_\_\_ DATE REPORTED: \_\_\_\_\_

COMPLAINANT'S NAME \_\_\_\_\_  
LAST FIRST

AGE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAME OF PERSON WITH WHOM RESIDING \_\_\_\_\_

ADDRESS WHERE RESIDING IF NOT A RESIDENT OF BRIDGEWATER

PHONE # \_\_\_\_\_

EMPLOYER'S NAME AND BUSINESS ADDRESS AND PHONE #

EMPLOYER	ADDRESS	PHONE
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REPRESENTATIVE / INTERPRETER / PERSON ASSISTING, ADDRESS & PHONE

NAME OF POLICE DEPARTMENT MEMBER (S) COMPLAINED OF (IF UNKNOWN, PROVIDE DESCRIPTION OF OFFICER, BADGE NO. AND TYPE OF DUTY PERFORMED, E.G. FOOT PATROL, AUTO, ETC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TIME AND DATE OF OCCURRENCE \_\_\_\_\_

LOCATION \_\_\_\_\_

NAME OF WITNESS (IF UNKNOWN, PROVIDE WHATEVER INFORMATION YOU CAN THAT MIGHT HELP IN LOCATING THE WITNESS:

\_\_\_\_\_  
\_\_\_\_\_

NAME	ADDRESS	PHONE	REALTIONSHIP
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NAME	ADDRESS	PHONE	REALTIONSHIP
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DETAILS OF COMPLAINT (USE REVERSE SIDE OF FORM IF MORE SPACE IS NEEDED)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE & RANK OF POLICE OFFICER RECEIVING COMPLAINT

\_\_\_\_\_  
SIGNATURE OF PERSON ASSISTING COMPLAINANT

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT