



# MILLBURY POLICE DEPARTMENT

127 ELM STREET  
MILLBURY, MASSACHUSETTS 01527

## Compliment, Inquiry, and Complaint

<b>Incident Date:</b>	<b>Incident Time:</b>	<b>Incident Location:</b>
<b>Corresponding Incident Number:</b> (if applicable)	<b>Date / Time Submitted:</b>	<b>Compliment</b> <input type="checkbox"/> <b>Inquiry</b> <input type="checkbox"/> <b>Complaint</b> <input type="checkbox"/>
<b>Name of Submitting Party:</b>		<b>DOB:</b>
<b>Address (Street, City, State, Zip):</b>		
<b>Telephone (Home):</b>	<b>Telephone (Work):</b>	
<b>Email:</b>	<b>Telephone (Cell):</b>	
<b>Description of Incident (attach supporting documentation, as appropriate; including e-mail, correspondence, etc.) *</b>		
<b>Signature of Submitting Party (Parent/Guardian, if under 18)</b> _____		
*Any statement(s) made herein which I do not believe to be true, and which statement is intended to mislead a public servant in the performance of his/her official functions, is a crime under M.G.L 269, Section 13A.		

\*\* This form is to be completed in accordance with the Millbury Police Departments Internal Affairs Policy & Procedures. The top portion is to be completed by the complainant, unless the complainant is anonymous, the complaint is made via email, fax or telephone. In cases of this nature, the shift supervisor shall complete the entire form and forward it to the Chief of Police or his/her designee.

-----Do not write below this line - Police use only-----

### Person receiving the Compliment, Inquiry, or Complaint

<b>Rank /Name/ ID Number:</b>	<b>Date:</b>	<b>Time:</b>
<b>Signature of Person Receiving:</b> _____		
<b>Forwarded to Chief of Police or his/her designee:</b>		
<b>Hard Copy Hand Delivered:</b> <input type="checkbox"/>	<b>Emailed:</b> <input type="checkbox"/>	<b>Date:</b>
		<b>Time:</b>
<b>Received by Chief of Police or his/her designee:</b>		
<b>Rank / Name / ID Number:</b>	<b>Date:</b>	<b>Time:</b>
<b>Signature of Person Receiving:</b> _____		

