



Scituate Police Department

1301 Chopmist Hill Road

Telephone: (401) 821-5900 Fax: (401) 823-7140



Citizen Complaint Form

Name of complainant: _____

Date of birth: _____ Drivers Lic. #: _____ State: _____

Social Security #: _____ Phone #: _____

Address where you can be contacted: _____

Date and time of incident: _____

Location of incident: _____

Police report number if known: _____

Name of officer(s) against whom complaint is being filed:

Rank	Name	Badge #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Police vehicle license plates: _____

Witness name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Department use only

Received by: _____ Date: _____ OF# _____

