BARNSTABLE POLICE DEPARTMENT
PROFESSIONAL STANDARDS COMPLAINT FORM

Form # 05-03 (Revised)	Effective Date: 11/25/2008

Complainant: _____

Address: _____

Telephone: _____ Date of Birth: _____

Nature of the complaint (*Please describe the incident and include the date, time, location of the incident and the name, rank, badge or ID number or a description of the employee involved, if known*):

_____

_____

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_____

Continue on a separate sheet if necessary

I AM / AM NOT willing to testify at any required hearing on this matter.

Names, addresses and phone numbers of any witnesses:

1) _____

2) _____

I hereby certify that, to the best of my knowledge, the statements made herein are true. I also understand that this statement is signed under the pains and penalties of perjury.

Complainant's Signature: _____ Date & Time: _____

Intake Supervisor's Signature: _____ Date & Time: _____

Complainant Provided Copy of this Form: ☐ YES ☐ NO ☐ In Person ☐ Via Mail

PSO ID # _____

PSO Review by: _____ Date: _____