Chelsea 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:

(continue on reverse if necessary)

WARNING: False statements made on this form are punishable under the pains and penalties of perjury. A fine 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 or Guardian if Complainant is under Eighteen_____

(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