WATERTOWN POLICE DEPARTMENT

Report of Alleged Police Misconduct

Date:	Complaint Number:	Incident Number (If applicable):

Complainant Information

Name:	Phone:	Date of Birth:
Address: No. Street City/Town Zip		Social Sec #

Witness Information

1. Name:	Phone:	Date of Birth:
Address: No. Street City/Town Zip		Social Sec #
2. Name:	Phone:	Date of Birth:
Address: No. Street City/Town Zip		Social Sec #

Complaint Received by
Name Rank

Manner in which complaint was received: ☐ In Person ☐ Phone ☐ Letter ☐ Other, explain:

Alleged Incident Information

Date:	Time:	Location:

Accused Officer (if known):

Narrative (Please include as much information as possible)

Signature of Complainant:	Date: