



TOWN OF NORTH ATTLEBORO DEPARTMENT OF POLICE

Internal Affairs Complaint Report

Name of Complainant (Last, First, Initial)			
Residence Address			Phone:
Business Address			Phone:
Name of Officer Complained Against	Rank	Badge#	Car#
Description (if name is not known)			
Date & Time of Incident		Location of Incident	
Description of Incident			
Witness	Address	Phone	
Witness	Address	Phone	

I have read this complaint report and I truly declare and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief. I **AM** **AM NOT** willing to testify at any hearing in connection with this complaint.

Signature of Complainant
Signature of Complainant's Parent or Guardian
if he/she is a minor

Date & Time Report is Received	 Signature of Officer Receiving Report
Name & Rank of Officer Receiving Report	

