



TOWN OF NORTH ANDOVER, MASSACHUSETTS
Police Department
 1475 Osgood Street
 North Andover, MA. 01845
 Tel: 978-683-3168



CITIZEN COMPLAINT FORM

Name of Complainant: _____

Resident Address: _____ Telephone: _____

Business Address: _____ Telephone: _____

Name of Officer (complaint is against): _____ Rank: _____ Badge#: _____ Car#: _____

Description (if name is not known): _____

Date & Time of Incident: _____ Location of Incident: _____

Description of Incident: _____

Name of Witness: _____
 Address: _____ Telephone: _____

Name of Witness: _____
 Address: _____ Telephone: _____

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

 (Signature of Complainant)
 Minor)

(Signature of Parent of Guardian is he/she is

Date & Time Received: _____

Name & Rank of Supervisor Receiving Report: _____

ORIGINAL – CASE FILE
COPY - COMPLAINANT