LONGMEADOW POLICE DEPARTMENT

REPORT OF ALLEGED EMPLOYEE MISCONDUCT

AOM P.200.a Form
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COMPLAINANT'S INFORMATION

First Name of Complainant:	Last Name of Complainant:	
Residence Address:		Cell Phone: ( )
Email Address:		Home Phone: ( )

OFFICER(S)/EMPLOYEE COMPLAINED AGAINST

1. Employee Name:	Rank:	Badge #:	Car #:
Description of Employee(if name is not known):			
2. Employee Name:	Rank:	Badge #:	Car #:
Description of Employee (if name is not known):			
3. Employee Name:	Rank:	Badge #:	Car #:
Description of Employee (if name is not known):			

INCIDENT INFORMATION

Date of Incident:	Time of Incident: ☐ AM ☐ PM	Location of Incident:

Name of Witness:	Address::	Telephone: ( ) -
Name of Witness:	Address:	Telephone: ( ) -
Name of Witness:	Address:	Telephone: ( ) -

Description of Incident: (Use Other Side if Necessary)

Massachusetts General Laws chapter 269, section 13A provides: "Whoever intentionally and knowingly makes or causes to be made a false report of a crime to police officers shall be punished by a fine of not less than one hundred nor more than five hundred dollars or by imprisonment in a jail or house of correction for not more than one year, or both." **Signed under the pains and penalties of perjury**: _____ day of _____ (month), _____ (year). _____ **Signature of Complainant**

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

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Date and time report is received:	I certify that the complainant received a copy of this completed complaint report ☐ in person ☐ by mail.
Name & Rank of Officer Receiving Report:	_____ Signature of Officer Receiving Report

I truly declare, swear and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief.

_____ _____

Signature of Complainant Date

Mail or drop off this form to: The Longmeadow Police Department, ATTN: Chief of Police; 34 Williams Street, Longmeadow, MA 01106