



**OFFICE OF CHIEF OF POLICE
TOWN OF DUNSTABLE
JAMES G. DOWNES III
23 PLEASANT STREET
P.O. BOX 154,
DUNSTABLE, MA 01827-0154**

TEL: (978) 649-7445

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Citizens Complaint Form

Name: _____

Address: _____

Phone #: _____ SSN: _____ D.O.B. _____

Date & Time of Incident: _____

Location: _____

Officer's Name(s) (if known): _____

Description of Officer (if name unknown): _____

Narrative: _____

I understand that false statements (perjury) could lead to civil or criminal action being taken by the police department or the individual officer(s).

Signed: _____ Date: _____

Officer Receiving Complaint: _____