



# PALMER POLICE DEPARTMENT PROFESSIONAL STANDARDS

## Department Personnel Complaint Form

This form is only for lodging a complaint against a member of the Palmer, Massachusetts Police Department. Comments regarding police personnel from other law enforcement agencies must be submitted to the appropriate agency. Persons filing this report will receive a response from the Palmer Police Department within thirty (30) days on the status or conclusion of the Professional Standards Inquiry.

**Note: Any person making intentionally false, misleading or, untrue statements, accusations, or allegations against employees of the Palmer Police Department may be subject to civil or criminal penalties.**

Date Report Filed: \_\_\_\_\_ Time: \_\_\_\_\_

### COMPLAINANT INFORMATION

Full Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### PALMER POLICE DEPARTMENT PERSONNEL INVOLVED

Name of Officer/Employee: \_\_\_\_\_ ID#: \_\_\_\_\_  
 If Name not known, provide brief description (i.e., male or female, glasses, etc...): \_\_\_\_\_

Name of Officer/Employee: \_\_\_\_\_ ID#: \_\_\_\_\_  
 If Name not known, provide brief description (i.e., male or female, glasses, etc...): \_\_\_\_\_

### INCIDENT INFORMATION

Incident Location: \_\_\_\_\_  
 Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_  
 What was Your involvement (i.e. reporting party, witness, arrestee etc.)? \_\_\_\_\_

### WITNESS INFORMATION

#### Witness 1

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

#### Witness 2

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Provide a brief description of the incident of concern:**

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I certify that the information submitted on this form is true and correct to the best of my knowledge and belief. I understand that Massachusetts General Laws Chapter 269 Section 13A provides that anyone who 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:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<p><b>MAIL OR DELIVER COMPLETED FORMS TO:</b> Palmer Police Department 4419 Main St. Palmer, Ma. 01069 ATTN: Professional Standards</p> <div data-bbox="102 1770 677 1927"><p style="text-align: center;"><b>Internal Use Only</b></p><p>Assigned Case # _____ Related Case #'s _____</p></div>	<p style="text-align: center;"><b>INTERNAL USE ONLY</b></p> <p>Initiated by: Citizen [ ] Internal Source [ ] Other Agency [ ] <b>Check if Complainant is anonymous [ ]</b></p> <p>Received by (print name): _____ <i>in person [ ] by phone [ ] by mail/email [ ]</i></p> <p>Date: _____ Time: _____</p> <p>Received by Signature: _____</p>
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