Print Form

SOMERVILLE POLICE DEPARTMENT

COMPLAINT / COMMENDATION FORM

Instructions:

1. Complete with as many details as possible.
2. Mail or deliver to:
   The Somerville Police Professional Standards Division
   220 Washington St. Somerville, MA 02143
   Phone number 617 625 1600 ext. 7211 or 7215
3. You will be contacted Within 24 hours of receipt

OFFICER(s) INVOLVED:

DESCRIPTION IF OFFICER'S NAME UNKNOWN:

Officer Name:	Badge #	Car #	Height:	Glasses: Y ☐ N ☐	Build:
Officer Name:	Badge #	Car #	Hair:	Race:	Accent:

WITNESS INFORMATION:

Last Name:	First Name:	M.I.	Phone:
Address:	City:	State:	Zip:
Last Name:	First Name:	M.I.	Phone:
Address:	City:	State:	Zip:

YOUR INFORMATION:

Last Name:	First Name:	M.I.	Date of Birth:
Daytime Phone #	Evening Phone #	Other contact (email):	
Address:	City:	State:	Zip:

INCIDENT DETAILS:

Date of Incident:	Time of Incident:	Police Report # (if known):
Location of Incident:		

NATURE OF COMPLAINT OR COMMENDATION:

Signature of reporting party: **Date:**

Officer receiving report: **Date:**

Signature of Parent or Guardian if citizen is a minor: