HAVERHILL POLICE DEPARTMENT

STANDARDIZED COMPLAINT FORM (SCF)

FILE NO: _____ _____ _____
YEAR MONTH NUMBER

DATE: _____ TIME: _____ RECEIVED VIA: _____
(Telephone, Letter, Person, etc.)

COMPLAINANT:_____ DATE OF BIRTH:_____

ADDRESS:_____ TELEPHONE:_____

BUS ADDRESS:_____ TELEPHONE:_____

WITNESS:_____
(Name, Address, Phone, and DOB)

_____

DATE AND TIME OF INCIDENT:_____

EMPLOYEE (IF KNOWN):_____

ACTION REQUESTED BY COMPLAINANT: _____

OFFICER RECEIVING COMPLAINT: _____

INVESTIGATION

COMPLAINT INVESTIGATED BY:_____

RESULTS OF INVESTIGATION: (CHECK ONE)
[ ] UNFOUNDED [ ] EXONERATED [ ] NOT SUSTAINED [ ] SUSTAINED [ ] POLICY FAILURE

RECOMMENDATIONS:_____

NOTIFICATION AND FOLLOW UP

EMPLOYEE ADVISED OF FINDINGS: [ ] YES [ ] NO BY/DATE:_____

COMPLAINANT ADVISED OF FINDINGS: [ ] YES [ ] NO DATE:_____

METHOD:_____ BY:_____

NOTE: ATTACH ALL INVESTIGATIVE DOCUMENTATION TO COMPLETED REPORT.

STANDARD COMPLAINT NARRATIVE

SIGNATURE OF COMPLAINANT: _____ DATE:_____

SWORN TO AND SUBSCRIBED BEFORE ME THIS_____DAY OF_____, _____

LAW ENFORCEMENT OFFICER/NOTARY SIGNATURE:_____

(TITLE AND NAME)