



Peabody Police Department

6 ALLENS LANE
PEABODY, MASSACHUSETTS 01960
"It's About Teamwork"

COMPLAINT REPORT FORM

I.A.D. Case #: _____

Incident Case #: _____

(If applicable)

Name of Complainant:

Last First Middle Initial DOB

Permanent Residential Address Telephone #

Business Address Telephone #

Name of Officer Complaint is Against Rank Badge # Car #

Date & Time of Incident

Location of Incident

Description of Incident:

Peabody Police Department

6 ALLENS LANE
PEABODY, MASSACHUSETTS 01960
"It's About Teamwork"

COMPLAINT REPORT SUPPLEMENT

Name of Witness (#1) Address Telephone #

Name of Witness (#2) Address Telephone #

I have read this complaint report and truly declare and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief.

I willing to testify at any hearing in connection with this complaint.
AM AM NOT

Name of Complainant Signature of Complainant Date and Time Report Received

Name of Parent or Guardian (If Complainant is a Minor) Signature Date and Time

Name of Officer Receiving Complaint (IAD Investigating Officer) Officer's Signature Date and Time