



WAKEFIELD POLICE DEPARTMENT PERSONNEL / AGENCY COMPLAINT FORM

If not completed in person, please mail to:
Wakefield Police Department 1 Union Street Wakefield, MA 01880

Date of Report:		Time:		Case #: (If applicable)	
Type of Complaint:	External	Internal	Other	If Other, please explain:	
How Received:	Phone	Walk-In	Other	If Other, please explain:	
Date of Incident:		Day of Incident:		Time of Incident:	
Location of Incident:			Nature of Complaint:		

Complainant:		Date of Birth:	
Address:	City:	State:	Zip Code:
Home Phone #:	Work Phone #:	Other Phone #:	

Personnel Complained Of: (NAME OR PHYSICAL DESCRIPTION, BADGE #, CAR #, ETC.)			
Details of Incident: (ADDITIONAL SPACE AVAILABLE ON SECOND PAGE OF FORM, IF NEEDED)			
Witness Info: (NAME, D.O.B., ADDRESS, TELEPHONE NUMBERS, ETC.)			
Receiving Officer's Signature		Date	
Complainant's Signature		Date	

ADMINISTRATIVE USE ONLY		Further Action Needed: YES NO	
Reviewed By: _____		Comments:	
Name & Rank	Badge #	Date	
Action Taken:			
ADMINISTRATIVE USE ONLY		Further Action Needed: YES NO	
Reviewed By: _____		Comments:	
Name & Rank	Badge #	Date	
Action Taken:			



TOWN OF WAKEFIELD POLICE DEPARTMENT PERSONNEL COMPLAINT

Details of Incident: (CONTINUED)

Receiving Officer's Signature

Date

Complainant's Signature

Date