



STOCKBRIDGE POLICE DEPARTMENT



50 MAIN STREET • P.O. BOX 417 • STOCKBRIDGE, MASSACHUSETTS 01262

TEL. 413.298.4179 FAX 413.298.4345

E-MAIL: POLICE@TOWNOFSTOCKBRIDGE.COM

DARRELL G. FENNELLY, CHIEF OF POLICE

CITIZEN COMPLIMENT/COMPLAINT FORM

DATE:	TIME REPORT TAKEN:	REPORTING EMPLOYEE		
NAME:	HOME ADDRESS:	HOME TELEPHONE:		
BUSINESS ADDRESS:	BUSINESS TELEPHONE:	DATE OF BIRTH		
COMPLIMENT/COMPLAINT RECEIVED:	___ TELEPHONE	___ WALK IN	___ OTHER	
DATE AND TIME OF INCIDENT:	LOCATION OF INCIDENT			
NAME OF OFFICERS OR EMPLOYEES INVOLVED:				
1.				
2.				
3.				
DESCRIPTION OF PERSON INVOLVED(if name is unknown):				
RACE:	SEX:	AGE:	HEIGHT:	WEIGHT:
CLOTHING DESCRIPTION:				
VEHICLE DESCRIPTION AND/OR LI CENSE NUMBER:				
WITNESS NAME:	ADDRESS:	TELEPHONE:		
WITNESS NAME:	ADDRESS:	TELEPHONE:		
WITNESS NAME:	ADDRESS:	TELEPHONE:		
NATURE OF COMPLIMENT/COMPLAINT(please use one or two sentences in this space, use an additional page for a fuller description):				

