

Truro Police Department Internal Affairs Complaint Form

Last Name		First					Middle		
Street Address			City/Tow	⁄n		State	Zip Code	Telephone	
Business Address			City/Tow	City/Town Sta		State	Zip Code		
Email Address			Cell Phone Number						
Name of Officer Complaint Against				Rank	I	Badge Numb	er		
Description if name not known									
Date of Incident	Time of Incident	Location of Inc	ident						
		Location of inc	ident						
Description of Inciden	t								

Description of Incident (con't)								
Desired Outcome								
Desired Outcome								
Name of Witness	Address		Telephone					
Name of Witness	Address		Telephone					
Name of Witness	Address		Telephone					
I HAVE READ THIS COMPLAINT REPORT AND I TRULY DECLARE AND AFFIRM THAT THE STATEMENTS CONTENTS HERIN ARE ACCURATE TRUE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AM NOT WILLING TO TESTIFY AT ANY HEARING IN CONNECTION WITH THIS COMPLAINT.								
Signature of Complainant		Signature of Complainants Parent/Guardian if he/she is a minor						
Date and Time Received		Signature of Person Receiving Report						