WATERTOWN POLICE DEPARTMENT

Report of Alleged Police Misconduct

Date:	Complaint Number:	Incident Number (If applicable):
Complainant Information		
Name:	Phone:	Date of Birth:
Address: No. Street City/Town Zip		Social Sec #
Witness Information		
1. Name:	Phone:	Date of Birth:
Address: No. Street City/Town Zip		Social Sec #
2. Name:	Phone:	Date of Birth:
Address: No. Street City/Town Zip		Social Sec #
Complaint Received by Name Rank		
Manner in which complaint was received: ☐ In Person ☐ Phone ☐ Letter ☐ Other, explain:		
Alleged Incident Information		
Date:	Time:	Location:
Accused Officer (if known):		
Narrative (Please include as much information as possible)		
Signature of Complainant:		Date:

Departmental Addendum to Report of Alleged Police Misconduct

Complaint Number:

Observations of Complainant:	☐ Sober ☐ Intoxicated
Attitude of Complainant:	☐ Excited ☐ Combative ☐ Insulting ☐ Polite ☐ Cooperative ☐ Profane ☐ Concerned ☐ Nervous ☐ Evasive ☐ Argumentative
Physical Condition (Document any cuts, bruises, injuries, marks, swelling, etc. Take photos if possible)	
Comments/Notes	
Signature of Receiving Officer:	Date: