



SANDWICH POLICE DEPARTMENT

Complaint Information Form



COMPLAINANT INFORMATION

Incident Date:	Incident Time:	Incident Location:
Date of Complaint:	Time of Complaint:	Case Number:
Name of Complainant:		DOB:
Address (Street, City, State, Zip):		
Telephone (Home):	Telephone (Work):	
Best time to contact:	Telephone (Cell):	

Nature of Incident (Attach supporting documentation, as appropriate; including e-mail, correspondence, etc.)
Signature of Complainant (if applicable):

PERSON RECEIVING COMPLAINT

Name:	Rank:	ID:
Method of Contact (Circle One): Telephone In person Mail E-Mail Other		
Subject Employee:		
Signature of Person Receiving Complaint:		Date:

Original: Submit to Chief of Police
 Copy: Forward through chain of command