

**CITIZEN COMPLAINT OF POLICE MISCONDUCT FORM
SPENCER POLICE DEPARTMENT**

Name of Complainant: _____ **Date:** _____

Home Address: _____ **Phone:** _____

OFFICER(S) INVOLVED:

Name: _____ **Rank:** _____ **ID#:** _____

Name: _____ **Rank:** _____ **ID#:** _____

Name: _____ **Rank:** _____ **ID#:** _____

NATURE OF COMPLAINT:

(Use the back of this sheet if more space is needed.)

NAMES, ADDRESSES, PHONE OF ANY WITNESSES:

1. _____

2. _____

3. _____

I understand that I will be informed of the result of the investigation within (60) sixty days of the receipt of the complaint, unless otherwise agreed upon.

If I disagree with the results of the investigation and or the remedies proposed, I may bring the matter to the attention of the Town Administrator within (10) ten days of the receipt of the notice.

SIGNATURE OF COMPLAINANT: _____

NOTICE: THIS FORM IS SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY