



CITY OF WORCESTER POLICE DEPARTMENT

9-11 Lincoln Square
Worcester, Massachusetts 01608

Emergency: 911 Phone: (508) 799-8606 Fax: (508) 799-8680 wpd@worcesterma.gov

PAUL B. SAUCIER
Interim Chief of Police

WPD CITIZEN COMMENT

The function of the Bureau of Professional Standards is to ensure the integrity of the Worcester Police Department and its personnel, both sworn and non-sworn. This form is only for commending, lodging a complaint against or making a suggestion regarding a member of the Worcester, Massachusetts Police Department. Comments regarding police officers from other law enforcement agencies must be submitted to their employer in their jurisdiction.

Fields marked with an asterisk (*) are required.

*Type of Comment: Commend Complaint Suggestion

CONTACT INFORMATION

Full Name: _____

Street Address: _____

City/Town: _____

State: _____

Zip Code: _____

Contact Number: _____

xxx-xxx-xxxx

Email Address: _____

Race/Ethnicity: _____

WPD PERSONNEL INVOLVED

Name of Officer/Employee: _____

Badge Number: _____

Gender: Male Female

Personnel was dressed in: Uniform Plain Clothes

Personnel was using: Marked Vehicle Unmarked Vehicle Motorcycle On Foot Patrol

INCIDENT INFORMATION

Date of Incident: _____
YYYY-MM-DD

Time of Incident: _____
Example: 2:00 PM

Location: _____
Street Address, Intersection or Landmark

Were you involved with the incident or were you a witness? Involved Witness

*Provide a brief description of the commendation, complaint or suggestion:

WITNESS INFORMATION

Witness 1 Full Name: _____

Witness 1 Street Address: _____

Witness 1 City/Town: _____

Witness 1 State: _____

Witness 1 Zip Code: _____

Witness 1 Contact Number: _____

xxx-xxx-xxxx

Witness 1 Email Address: _____

Witness 2 Full Name: _____

Witness 2 Street Address: _____

Witness 2 City/Town: _____

Witness 2 State: _____

Witness 2 Zip Code: _____

Witness 2 Contact Number: _____

xxx-xxx-xxxx

Witness 2 Email Address: _____

***I verify that the information to be submitted is true and correct to the best of my knowledge and belief.**

Signature

Date

Mail Completed Forms to:

Worcester Police Headquarters
ATTN: Bureau of Professional Standards
9-11 Lincoln Square
Worcester, MA 01608