

**WORCESTER POLICE DEPARTMENT
CITIZENS' COMPLAINT FORM
(Please Type or Print Legibly)**

Date and time of report: _____ Taped: Yes No

Name of Complainant: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Witness: (Name, address, and phone): _____

Witness: (Name, address, and phone): _____

Date, Time and Location of Incident: _____

Statement of Complaint: _____

(Use extra pages if necessary)

Signature of Complainant

Signature of Police Official

Please return completed form to:

Worcester Police Department
Bureau of Professional Standards

9-11 Lincoln Square
Worcester, MA 01608
Phone: (508) 799-8694

Fax: (508) 799-8695

Print Form