



PAUL B. SAUCIER
Chief of Police

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

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 (Any or All Contact Information May Remain Anonymous)

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