



Salisbury Police Department

Thomas W. Fowler, *Chief of Police*

181 Beach Road, Salisbury, Massachusetts 01952 • 978-465-3121 • www.salisburypolice.com

INTERNAL AFFAIRS COMPLAINT FORM

Report Completed by: _____ Date/Time: _____

Complainant's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Witnesses Name: _____ Home/Cell Phone: _____

Witnesses Name: _____ Home/Cell Phone: _____

Nature of Complaint: _____

Type of Incident: _____

Location: _____

Date/Time Occurred: _____

Synopsis: _____

Additional Page(s) _____ Yes _____ No (Please use the back of this form if needed)

Officer/Personnel Involved _____
(Badge/ID Number)

I do solemnly swear that the above information is true to the best of my knowledge. I understand that based on this complaint, an investigation will be conducted and that if substantiated, appropriate action will be taken. I further understand that if the investigation proves the allegations were known by me to have been false when the complaint was signed that the Salisbury Police Department and/or the affected employee (s) may pursue legal remedies against me.

Signature of Complainant

Date