



# ORLEANS POLICE DEPARTMENT

99 ELDREDGE PARK WAY  
ORLEANS MASSACHUSETTS 02653-3307

SCOTT W. MACDONALD  
CHIEF OF POLICE  
TEL. 508-255-0117  
FAX. 508-240-1374

## Orleans Police Department Complaint Report Forms

The following pages contain information needed to file a complaint against an officer(s) or the department as a whole. All necessary complaint forms to be submitted to the department are attached.

It is the policy of the Orleans Police Department to investigate all complaints, including anonymous complaints, against the department or a member of the department, regardless of the source of such complaints, through a regulated, fair and impartial Internal Affairs Program.

Please fill out the attached form and turn the completed form in to the Shift Supervisor. You will be provided with a copy of your complaint to serve as a receipt verifying that such complaint has been received. The complaint forms may also be mailed to the department.

The department will commence the internal affair investigation immediately upon receipt of the complaint and will complete the investigation within 30 days. If extenuating circumstances exist which delay the timeliness of the investigation, the circumstances shall be documented, and you shall be notified of the fact. If an extension to complete the investigation is necessary, the investigating officer will update you as to the status of the investigation every seven (7) days.

You shall be notified, in writing, of the results of the internal investigation within seven (7) days after the completion of the investigation. In addition, at your request, the Chief or the investigating officer will attempt to update you as to the status of the investigation every seven (7) days during the investigation.

If you have any questions about the attached form or the process, please feel free to contact the department.



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## Complaint Report Form

Date of Occurrence		Time of Occurrence		Location of Incident			
Complainant (Last, First, MI)							
Address							
Home Phone:				D.O.B:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Cell Phone: Work Phone:							
<b>SUBJECTS</b>							
Name of Employee Complained against:					Badge #	Rank:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	Height:	Weight:	Build:	Hair:	Eyes:	
Name of Employee Complained against:					Badge#	Rank:	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	Height:	Weight:	Build:	Hair:	Eyes:	
<b>WITNESSES</b>							
Name of Witness:					Address:		
Phone:		D.O.B:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Name of Witness:					Address:		
Phone:		D.O.B:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Narrative:							

Name of Employee Receiving Complaint (Print)	Signature of Employee	ID#
Superior Officer Assigned to Investigate Complaint		ID#
I have read this complaint report and truly declare and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief. I am / am not willing to testify at any hearing in connection with this complaint.		
Signature	Of Complainant (or Parent/Guardian if under 18)	Witness
Chief of Police		Date/ Time
<b>ADMINISTRATIVE USE ONLY</b>		
CAD#		Type of Complaint:
DATE RECEIVED		Complaint was received: <input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail
TIME RECEIVED		

RECEIVED BY	
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