



LONGMEADOW POLICE DEPARTMENT

REPORT OF ALLEGED EMPLOYEE MISCONDUCT

AOM P.200.a Form

Page No. _____ of _____ Pages

COMPLAINANT'S INFORMATION

First Name of Complainant:	Last Name of Complainant:
Residence Address:	Cell Phone: ()
Email Address:	Home Phone: ()

OFFICER(S)/EMPLOYEE COMPLAINED AGAINST

1. Employee Name:	Rank:	Badge #:	Car #:
Description of Employee (if name is not known):			
2. Employee Name:	Rank:	Badge #:	Car #:
Description of Employee (if name is not known):			
3. Employee Name:	Rank:	Badge #:	Car #:
Description of Employee (if name is not known):			

INCIDENT INFORMATION

Date of Incident:	Time of Incident: ... <input type="checkbox"/> AM <input type="checkbox"/> DA	Location of Incident:
Name of Witness:	Address::	Telephone: () -
Name of Witness:	Address:	Telephone: () -
Name of Witness:	Address:	Telephone: () -
Description of Incident: (Use Other Side if Necessary)		

Massachusetts General Laws chapter 269, section 13A provides: "Whoever intentionally and knowingly makes or causes to be made a false report of a crime to police officers shall be punished by a fine of not less than one hundred nor more than five hundred dollars or by imprisonment in a jail or house of correction for not more than one year, or both." **Signed under the pains and penalties of perjury:**
 _____ day of _____ (month), _____ (year). _____ **Signature of Complainant**
 [Signature of Complainant's Parent or Guardian, if he/she is a minor]



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Date and time report is received:	I certify that the complainant received a copy of this completed complaint report <input type="checkbox"/> in person <input type="checkbox"/> by mail.
Name & Rank of Officer Receiving Report:	_____ Signature of Officer Receiving Report

I truly declare, swear and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief.

_____ Date _____

Signature of Complainant Date

**Mail or drop off this form to: The Longmeadow Police Department, ATTN: Chief of Police;
34 Williams Street, Longmeadow, MA 01106**

Report of Alleged Employee Misconduct Form P.200.a