



# BARNSTABLE POLICE DEPARTMENT PROFESSIONAL STANDARDS COMPLAINT FORM

Form # 05-03 (Revised)

Effective Date: 11/25/2008

Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Nature of the complaint (*Please describe the incident and include the date, time, location of the incident and the name, rank, badge or ID number or a description of the employee involved, if known*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Continue on a separate sheet if necessary*

**I AM / AM NOT willing to testify at any required hearing on this matter.**

Names, addresses and phone numbers of any witnesses:

1) \_\_\_\_\_

2) \_\_\_\_\_

***I hereby certify that, to the best of my knowledge, the statements made herein are true.  
I also understand that this statement is signed under the pains and penalties of perjury.***

Complainant's Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Intake Supervisor's Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Complainant Provided Copy of this Form:  YES  NO  In Person  Via Mail

PSO ID # \_\_\_\_\_

PSO Review by: \_\_\_\_\_ Date: \_\_\_\_\_