AUBURN POLICE DEPARTMENT
416 OXFORD STREET NORTH
AUBURN, MASSACHUSETTS 01501

Chief of Police: R. Scott Mills

AUBURN POLICE DEPARTMENT
CITIZEN COMPLAINT FORM

Is This Complaint Against: ☐ **Individual Officer** ☐ **The Agency**

Complainant Information

Date Complaint Filed: _____ Time Complaint Filed: _____

Name of Complainant: _____ Date of Birth: _____
Address: _____ Telephone: _____
City: _____ State: _____

Other Witnesses to Incident:
Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Officer Information:
Name of Officer: _____ Rank: _____
Badge Number: _____
Description (If name unknown) : _____

Incident:
Date of Incident: _____ Time of Incident: _____
Location of Incident: _____

Description of Incident: _____
_____
_____
_____
_____
_____
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Signature of Complainant

Signature of Complainant Parent
if Under 18 years of age

Upon completion, this form should be returned to the Auburn Police Department and submitted directly to the on duty supervisor. If you do not wish to return this form in person, you may mail it to:

Chief of Police, Auburn Police Department
416 Oxford Street North
Auburn, MA 01501

FOR OFFICIAL USE ONLY

Date & Time Complaint Received: _____

Name & Rank of Official Receiving Complaint: _____

Department Issued Complaint Number: _____