



**BENNINGTON POLICE DEPARTMENT
CITIZEN'S COMPLAINT FORM**

INCIDENT:

INCIDENT NUMBER (If Applicable) _____

DATE: _____ TIME: _____

INCIDENT LOCATION: _____

OFFICER(S)/EMPLOYEE(S) INVOLVED: _____

SUPERVISOR RECEIVING COMPLAINT _____

WITNESSES / OTHERS INVOLVED:

NAME: _____ CONTACT INFO: _____

NAME: _____ CONTACT INFO: _____

NAME: _____ CONTACT INFO: _____

SPECIFIC TYPE OF ALLEGATION(S): (Describe the incident in detail on attached pages)

- | | |
|--|--|
| <input type="checkbox"/> Unprofessional Conduct | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> False Detention or Arrest | <input type="checkbox"/> Unreasonable Use of Force |
| <input type="checkbox"/> Dishonesty | <input type="checkbox"/> Property Damage or Loss |
| <input type="checkbox"/> Other (Describe) | |

CONTACT INFORMATION (Required):

NAME (Print): _____ TELEPHONE: _____

MAILING ADDRESS: _____

With my signature I hereby certify that my description of this incident as submitted is true, accurate and complete. I understand I am submitting a formal complaint and I agree to be interviewed and to cooperate with Bennington Police personnel assigned to investigate this report.

SIGNED: _____ DATE: _____

