

# FREETOWN POLICE DEPARTMENT

## Complaint Control Form

Division:	Complaint #:	Type of Complaint: (Circle One) Physical Abuse      Verbal Abuse      Other: _____			
Date of Incident	Time of Incident	Location of Incident			
Complainant's Name			Sex*	DOB*	RACE*
Street Address		City/Town		Zip Code	Marital Status*
Telephone # (Home/Work)			Social Security #		

\*Indicates Optional Information

1.	Name of Employee Complained Against	Rank	Badge #	Shift
2.	Name of Employee Complained Against	Rank	Badge #	Shift
3.	Name of Employee Complained Against	Rank	Badge #	Shift
1.	Name of Witness:	Address:	Telephone # (Home/Work)	
Date of Birth*		Social Security Number*		
2.	Name of Witness	Address	Telephone # (Home/Work)	
Date of Birth*		Social Security Number*		
3.	Name of Witness	Address	Telephone # (Home/Work)	
Date of Birth*		Social Security Number*		
4.	Name of Witness:	Address:	Telephone # (Home/Work)	
Date of Birth*		Social Security Number*		

Include Additional Witnesses in Narrative

# Complaint Control Form

**TRUTHFULNESS** You must provide truthful information. Describe the incident/event by providing facts. You may attach additional pages if needed.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

FPD Form SP 001 (Rev. 3/7/2020)

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### Date and Time

Date/Time of Complaint	How Complaint Received (Circle One)				Result of (Circle One)			
	In Person	Telephone	Mail	Other	Arrest	Injury	Traffic Stop	Other
Ranking Officer (OIC) Receiving Complaint								
Print Name					Signature			