



City of Beacon Police

Civilian Complaint Form

Complainant information (may be filed anonymously)

Name: _____
Last First MI

Address: _____
Street (actual address, no PO box)

City State Zip

Witnesses: _____
Name Address Phone Number

Name Address Phone Number

Date of Incident: _____ Time of Incident: _____ AM/PM

Incident Location: _____

Number of Officers Involved: _____ Badge Number(s), if known: _____

Name(s) of Officer(s) if Known: _____

Supervisors Name, if Contacted: _____



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Description of Incident: _____

Were You Arrested: _____ Were You Injured: _____ Was Anyone Notified of Injury: _____

If So, Who Was notified: _____ Did You seek Medical Treatment: _____

Name of Hospital, Doctor (if known): _____

Complete if Applicable:

Describe Injury / Type of Force Used: _____

Describe Discourtesy: _____

Complainants Signature (optional) _____ Date _____

Supervisors Signature _____ Rank/Shield _____ Date _____

----- Official Use Only -----

Date: _____ Time: _____ Blotter/Case Number: _____

How Received: Referral _____ In Person _____ Us Mail _____ Telephone _____ Email _____

Forwarded To: _____
Name Rank Date