

# LOWELL POLICE DEPARTMENT

50 Arcand Drive Lowell, MA 01852  
978-937-3200

## CITIZEN COMPLAINT FORM

**Instructions:**

1. Complete this form with as many details as possible.
2. Return the completed form to the Lowell Police Professional Standards Division.

**COMPLAINANT INFORMATION** This form is to be completed by the person making the complaint.

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	RACE
HOME PHONE	WORK PHONE & EXTENSION		OTHER CONTACT NUMBER	
ADDRESS	TOWN/CITY		STATE	ZIP

**OFFICER(S) INVOLVED**

OFFICER'S NAME	RANK	BADGE #	CAR #	Description of Officer (if name unknown) (height, weight, eyes and/or any other outstanding features.
OFFICER'S NAME	RANK	BADGE #	CAR #	Description of Officer (if name unknown) (height, weight, eyes and/or any other outstanding features.
OFFICER'S NAME	RANK	BADGE #	CAR #	Description of Officer (if name unknown) (height, weight, eyes and/or any other outstanding features.

**WITNESS INFORMATION**

LAST NAME	FIRST NAME	M.I.	PHONE
ADDRESS	CITY/TOWN	STATE	ZIP

LAST NAME	FIRST NAME	M.I.	PHONE
ADDRESS	CITY/TOWN	STATE	ZIP

**INCIDENT DETAILS**

DATE OF INCIDENT	TIME OF INCIDENT	POLICE REPORT # (if known)
LOCATION OF INCIDENT		

**NATURE OF COMPLAINT**

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