MILTON POLICE DEPARTMENT

INTERNAL AFFAIRS COMPLAINT FORM

Please submit as much contact information as possible so we may best get back to you for additional information and clarification. You may submit a complaint anonymously, but that could hamper our ability to investigate this incident.

Your Contact Information

Name: _____

DOB: _____

Address: _____

Address 2: _____

City/Town: _____

State: _____

Zip/Postal Code: _____

Country: _____

Email Address: _____

Phone Number: _____

Please enter any other contact information that will help us contact you during business hours

_____

Officer's Name (member about whom you are complaining)

_____

Location (address/street name/highway name) where the incident occurred

_____

Date the incident in question occurred (Please try to be as specific as possible)

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Time the incident occurred

_____

Explain in as much detail as possible what happened

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Witness Contact Information

Name: _____

DOB: _____

Address: _____

Address 2: _____

City/Town: _____

State: _____

Zip/Postal Code: _____

Country: _____

Email Address: _____

Phone Number: _____

Witness Contact Information

Name: _____

DOB: _____

Address: _____

Address 2: _____

City/Town: _____

State: _____

Zip/Postal Code: _____

Country: _____

Email Address: _____

Phone Number: _____

Enter any special information or requests you would like us to be aware of

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