

How to File a Complaint against a Police Department Employee or Agency

Any person, who witnesses or has direct knowledge of misconduct by a Weymouth Police Department employee, may file a complaint. The following misconduct should be reported immediately.

- Violations of State or Federal Laws
- Violations of Town By-Laws
- Excessive Use of Force or Abusive Treatment
- Discourteousness

Any person who wishes to initiate a complaint against a police department employee or the agency should call by telephone or visit the Weymouth Police Department. You should always ask to speak with a supervisor. The supervisor may try to resolve your complaint. If the supervisor is unable to resolve the matter, you will be asked to forward a written complaint to the Professional Standards Unit. A copy of a citizen's complaint form may be obtained at the police station.

Instructions:

- 1. Fill out the complaint form completely and thoroughly
- 2. Give a thorough description of the incident
- 3. Return complaint to supervisor who will then include the Incident number, Date and Time
- 4. The complaint will be returned for you to sign
- 5. Complaint will be signed by the supervisors receiving complaint
- 6. A copy of the complaint will be provided

WEYMOUTH POLICE DEPARTMENT COMPLAINT FORM				
Who is your complaint against:	Agency	Office	er/Employee	
Your Name:	D.O.B			
Residence Address:				
Business Address if applicable:				
Town/City:		_State:	Zip:	
Telephone [Home]	[Work]		[Cell]	
Nature of Complaint:				
OFFICER/CIVILIAN Name: R Description [If name unknown or cruise	Rank	I	Badge#	
Wr	TNESS/WITNESS	SES		
Name of Witness:		Telep	Telephone:	
Address:				
Name of Witness:		Telep	Telephone:	
Address:				
Name of Witness:Address:		-	hone:	
	2			

Date / Time of Incident:			
Location:			
Description of Incident:			
To be filled out by Supervisor			
Incident Number:	Date:	Time:	
I have read this complaint rep- contained herein are accurate and belief. I [am]-[am not] wil complaint.	, truthful and complete	e to the best of my knowledge	
Signature of Complainant:		Date:	
Signature of Supervisor Receiving (Complaint:		
Date:	Time:		