ALTON POLICE DEPARTMENT

CITIZEN COMPLAINT FORM

Citizens may file a complaint about Alton Police Department employees on this form. You may hand deliver or mail the completed form to the Alton Police Department, Office of the Chief of Police, PO Box 240, Alton, NH 03809. The form may be emailed to policechief@alton.nh.gov.

Involved Officer/Employee			
Name:			
Name:			
Person Making the Complaint:			
Name		Phone:	
Address:		Phone:	
Please provide as much information about the reason you were contacted by the officer/employee. Specific information about the date, time, and location will help in locating the information if you do not know the officer/employee's name.			
Date of Contact:		Approximate Time:	
Location:			
Reason for the Complaint (attach additional pages if needed):			
Witness Information:			
Name:		Phone:	
Address:		Phone:	
Name:		Phone:	
Address:		Phone:	

I understand that this statement of complaint will be submitted to the Alton Police Department and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate and true to the best of my knowledge and belief. I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion or promise of any kind. I have been so advised that any false or misleading statements made during the resultant investigation may lead to criminal or civil prosecution.

_____ _____

Signature Date