



Uxbridge Police Department

Citizen Compliment or Complaint Form



Name of Citizen: _____ Phone Number: _____

Address: _____ Date of Birth: _____

Optional- for federal reporting Race: _____ Sex: _____

Date of Incident: _____ Time of Incident: _____

Police Employees Involved (if known): _____

What Happened? *(Describe in your own words everything you consider necessary for the police to investigate. Feel free to use additional paper).*

Witnesses? Yes No

Witness 1 Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____

Witness 2 Name: _____ Phone Number: _____

Address: _____ Date of Birth: _____

I have read the above statement and it is true and accurate to the best of my knowledge.

Signature: _____ Witness: _____

Received by: _____ Date: _____

The complainant shall be given a copy of this form to serve as a receipt. The complainant will receive a response from the department within thirty (30) days regarding the status or conclusion of the investigation