



# Shelburne Police Department

5420 Shelburne Rd., Suite 100  
Shelburne, Vermont 05482-0058  
(802) 985-8051

## Citizen Complain Form

### Your Information

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Complaint/Incident Information

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

### Witnesses Information (if known)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Officer(s) Involved (if known)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_



I have been advised of the existence of the Shelburne Police Department Internal Affairs and Citizen Complaint Policy  YES  NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is VERY IMPORTANT that truthful accounts are provided by all concerned. Your signature certifies the truthfulness of your statements. Making false or misleading reports against officers or other employees may be cause for criminal and/or civil action against those complaining (13 V.S.A. § 1754).



**This section to be completed by the Shelburne Police Department**

Employee/Officer receiving initial complaint: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Acknowledge of receipt by Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_

Designated Officer Assigned by Chief of Police: \_\_\_\_\_

Acknowledge of receipt by Town Manger: \_\_\_\_\_ Date: \_\_\_\_\_