



Essex Police Department

24 Martin Street
Essex, MA. 01929
(978) 768-6628

-Peter G. Silva-
Chief of Police



Official Complaint Report

Date Filed: _____/_____/_____ Time Filed: _____ Complaint / Incident # _____

Name of Complainant: _____

Address of Complainant: _____

Telephone Number(s) of Complainant: _____

List Names, Addresses and Telephone Numbers of Witnesses, if known:

List Name and Rank (if known) and description of the employee(s) you are making the complaint against:

Time and Date(s) of Alleged Incident(s): _____

Location of Alleged Incident: _____

Please write a description as detailed as possible of the incident that has caused you to file this complaint, in the space provided.

(Please use the back or additional paper if more space needed)

Signature of Complainant: _____

Parent or Guardian if under 18: _____

Officer Receiving Complaint: _____

It is the policy of the Essex Police Department to investigate any and all complaints against a member of the department through a regulated, fair and impartial Internal Affairs Investigation Program. You do not need to be knowledgeable about the law or police regulations to file your complaint. Please complete this Complaint Form and submit it to the Officer-in-Charge at the police station. You will then be contacted by the Chief of Police in regards to the allegations. You will be kept abreast of the case to the extent possible and will be notified of the results of the investigation when completed, usually within (30) days.

Thank you for your interest and concern in maintaining a high standard of professionalism and integrity within the Community of Essex.

Peter G. Silva/
Chief of Police

WARNING: False statements made on this form are punishable under the pains and penalties of perjury. A fine of up to \$500.00 and imprisonment for up to one year shall be punishable to whoever knowingly and intentionally makes a false report of a crime on this form.