



**CONVERSE POLICE DEPARTMENT  
COMPLAINT FORM**



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

Complainant's full name and date of birth: \_\_\_\_\_

Complainant's address: \_\_\_\_\_

Complainant's home # \_\_\_\_\_ work # \_\_\_\_\_

Location where alleged incident occurred: \_\_\_\_\_

Date and time of alleged incident: \_\_\_\_\_

Is this complaint based on Racial, Ethnic or National Origin Profiling? \_\_\_\_\_

Name or other identifying information of Converse Officer (s) who this complaint is being filed:  
\_\_\_\_\_

Name, address and phone # of any witnesses:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NATURE OF COMPLAINT**

Clearly indicate the nature of your complaint.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



