



Town of Hudson POLICE DEPARTMENT

911 Municipal Drive
Hudson, Ma. 01749
Phone: 978-562-7122 Fax: 978-568-9660



Richard P. DiPersio
Chief of Police

CITIZEN COMPLAINT

NAME OF AGGRIEVED PERSON: _____
(If aggrieved person is Complainant, information is not necessary)

Signature of aggrieved person _____

Refused to sign

Signature of guardian (if under age18) _____

Date of complaint: _____ Time reported: _____

Date of incident: _____ Time of incident: _____

HOME ADDRESS: _____ HOME PHONE: _____

CELL PHONE: _____ EMAIL: _____

Witness(s) Name, Address, Tele.: _____

OFFICER(s) COMPLAINED ABOUT:

NAME: _____ RANK: _____ BADGE #: _____

NAME: _____ RANK: _____ BADGE #: _____

NAME: _____ RANK: _____ BADGE #: _____

Supervisor receiving complaint name: _____

Rank: _____ Badge #: _____

Supervisor receiving complaint signature: _____

Note: Complainant will receive notice within 30 days as the status of complaint.



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NATURE OF COMPLAINT: (Describe in your own words everything you consider necessary for the matter to be completely investigated. Use the back or another sheet if necessary)

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Complaint Number 20 ____ - _____

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