

Town of Milford

POLICE DEPARTMENT 19 Garden Street Milford, NH 03055 603-249-0630

Michael J. Viola
Chief of Police



REPORT OF COMPLAINT AGAINST POLICE PERSONNEL

Name of Complainant:	Phone number:
Address:	
Date and time of incident:	
Location of incident:	
Name of officer(s) against whom complain (car number, badge number, vehicle, I.D.	int is being filed OR other identifying marks: #, rank, etc.)
Name(s), address/phone number, or other	identifying information concerning witness:
STATEMENT OF ALLEGATION:	

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(Use blank page if more room is needed.)	
basis for an investigation. Further, I sincerely a herein are complete, accurate, and true to the be	ill be submitted to the Department and may be the and truly declare and affirm that the facts contained est of my knowledge and belief. Further, I declare me voluntarily without persuasion, coercion, or
and filing this complaint, I hereby agree to appe	earing before the appointing authority. By signing
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Signature of Complainant	Date
Signature of Person Receiving Complaint	Date and Time Received