



# Town of Sudbury

## Police Department

Sudbury Police Department  
75 Hudson Road  
Sudbury, MA 01776  
Business (978) 443-1042  
Fax (978) 443-1045

### *Internal Affairs Complaint Report*

Name of Complainant (Last, First, Middle Initial):			
Residential Address:		Phone:	
Business Address:		Phone:	
Involved Officers Name:	Rank:	ID #	Car #
Description (If name not known):			

Date/Time of Incident: [ ] A.M. [ ] P.M.	Location of Incident:
Description of Incident: _____ _____ _____ _____ _____ _____ _____ _____	

Name of Witness:	Address:	Phone:
Name of Witness:	Address:	Phone:

I have read this complaint report and I truly declare and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief. I am/am not willing to testify at any hearing in connection with this complaint.	
Signature of parent/guardian if complainant is a minor	Signature of Complainant

Date/Time Report is received: [ ] A.M. [ ] P.M.	
Name/Rank of Officer Receiving Report:	Signature of Officer:

*Internal Affairs Complaint Report Supplement*

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I truly declare and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief.

Signature

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Printed Name

Date \_\_\_\_\_