Ossipee Police Department
Citizen Complaint Intake Form

Please complete this form and give it to a Police Supervisor or send it to the Ossipee Police Department, attention Chief of Police, at the following address: PO Box 307, Ossipee, NH 03814.

Origin of Complaint:	
☐ In person	☐ In writing

Complainant's Name: (*First, Middle, Last*)	Complainant's DOB:

Complainant's Home Address: (*#, Street, Apt./ Condo Unit Number*)

City:	State:	Zip Code:

Complainant's Cell Phone #:	Complainant's E-Mail address:

Date of Incident:	Time of Incident:	Date Reported:	Time Reported:

Location of Incident:

OPD Employee(s) against whom complaint is being made: (If known, or physical description, car # etc.)

1. _____
2. _____
3. _____

Witness(es) Information: (Name, DOB, Address, Telephone #)

1. _____
2. _____
3. _____
4. _____

Describe Activity of OPD Employee(s) at time of Incident: (*traffic stop, arrest, off-duty, court, phone call, etc.*)

Was Force Used? ☐ Yes ☐ No	Type of Force Used (*Describe type and by whom*)
Did the Complainant or Any Other Party Sustain Personal Injury as a Result of the Incident? ☐ Yes ☐ No	Was Medical Attention Sought? ☐ Yes ☐ No

If Yes, Describe Injuries Sustained:

Was the Complainant or Any Other Party Arrested as Part of the Incident?
☐ Yes   ☐ No

Narrative of Complaint: (Provide a complete description of the circumstances that prompted your complaint. Attach any supporting documents as appropriate; to include letters, e-mails, photographs, video or audio recordings, etc.)

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Complainant Signature:	Date:
Name of Supervisor/OIC Completing Complaint Intake Form:	
Signature of Supervisor/OIC Receiving Complaint Intake Form:	Date: