

CHILMARK POLICE DEPARTMENT

15 State Road • PO Box 340 • Chilmark, MA 02535 Phone: 508-645-3310

Fax: 508-645-3101 **SEAN SLAVIN**

Chief of Police



Chilmark Police Citizen Complaint Form

Date:	Time:					
Complainant Information						
Name	DOB		Phone number			
Physical Address	City/Town	State	Zip Code			
Incident Information						
Date of Incident:	Time:					
Location of Incident:		Officer(s) Involved	:			
	Narrative					

Witnesses						
Where there any witnesses to this incident? Yes No						
If yes, please complete the following section:						
Name	DOB		Phone number			
Physical Address	City/Town	State	Zip Code			
Name	DOB		Phone number			
Physical Address	City/Town	State	Zip Code			
	Witness Narra	itive				

Completed by Complainant					
I,have read this complaint report in its entirety and my signature below is testimony that the information contained herein is truthful and accurate to the best of my knowledge. I understand that a Supervisor from Chilmark Police Department will contact me about the complaint and that a thorough investigation of the incident will be completed. I further understand that this is an official police report and as such, if it is determined I have intentionally made false statement I may be charged criminally in a court of law.					
Signed under the pains and penalties of perjury this	day of	<u> </u>			
Signature of Complainant					
Signature of Parent or Guardian if complainant is under	18 years old				

Investigation Procedure

Once your inquiry or complaint is received, it will be thoroughly investigated by the Chief of Police or a person designated by the Chief of Police. The investigation will usually include a review of all applicable reports, policies and procedures, examination of any evidence or medical records, and interviews with all parties and witnesses. Some inquiries may be resolved within one day, while more complex investigations will likely take several weeks to complete.

The Chief of Police reviews every inquiry and complaint. If the Chief determines that an employee violated department policies or procedures, appropriate corrective action is taken. The Chief's review will also include looking for ways to improve policies, procedures and training.

The Chief will review the complaint and findings. This review is to assure that the investigation was handled thoroughly and objectively.

Findings

You will receive a response from the department within thirty (30) days regarding the status or conclusion of the investigation.

You will receive written notification of the Chief's findings. There are four possible findings:

Sustained – The complaint was valid and supported by sufficient evidence.

Not Sustained – There was inadequate or insufficient evidence to either prove or disprove the complaint.

Unfounded – The allegations were baseless and without foundation.

Exonerated – The complaint was unjustified or unwarranted as the actions of the accused department employee were in compliance with law or in accordance with department rules, regulations, policies and procedures.

The complaint form can be mailed or emailed to the following:

PO BOX 340 Chilmark, MA 02535

Chief Sean Slavin sslavin@chilmarkma.gov

Sgt. Garrison Vieira gvieira@chilmarkma.gov

Official Use Only				
Date Report is Received:	Time:			
How Complaint is Received:				
Name of Officer Receiving Report:				
Signature of Officer Receiving Report:				