





**Completed by Reporting Party**

I, \_\_\_\_\_ have read this 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.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature of Parent or Guardian if reporting party is under 18 years old

**Filing Report**

The compliment 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 Compliment is Received: \_\_\_\_\_

Name of Officer Receiving Report: \_\_\_\_\_

Signature of Officer Receiving Report: \_\_\_\_\_