

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 Compliment Form				
Date:	Time:			
Reporting Party Information				
	1 0 /			
Name	DOB		Phone number	
Physical Address	City/Town	State	Zip Code	
	Incident Inforr	nation		
Date of Incident:	Time:			
Location of Incident:		Officer(s) Involved	:	
	Narrative	2		

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 Narrative					
			_		
			_		

Completed by Reporting Party				
I,have read this report in its information contained herein is truthful and accurate to the best	s entirety and my signature below is testimony that the t of my knowledge.			
Signature	Date			
Signature of Parent or Guardian if reporting party is unde	er 18 years old			
Filing Rep	port			
The compliment form can be mailed or emailed to the follo	wing:			
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:				