



**HAVERHILL POLICE DEPARTMENT**  
**STANDARDIZED COMPLAINT FORM (SCF)**

FILE NO: \_\_\_\_\_  
YEAR MONTH NUMBER

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RECEIVED VIA: \_\_\_\_\_  
(Telephone, Letter, Person, etc.)

COMPLAINANT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

BUS ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

WITNESS: \_\_\_\_\_  
(Name, Address, Phone, and DOB)

DATE AND TIME OF INCIDENT: \_\_\_\_\_

EMPLOYEE (IF KNOWN): \_\_\_\_\_

ACTION REQUESTED BY COMPLAINANT: \_\_\_\_\_

OFFICER RECEIVING COMPLAINT: \_\_\_\_\_

**INVESTIGATION**

COMPLAINT INVESTIGATED BY: \_\_\_\_\_

RESULTS OF INVESTIGATION: (CHECK ONE)  
 UNFOUNDED  EXONERATED  NOT SUSTAINED  SUSTAINED  POLICY FAILURE

RECOMMENDATIONS: \_\_\_\_\_

**NOTIFICATION AND FOLLOW UP**

EMPLOYEE ADVISED OF FINDINGS:  YES  NO BY/DATE: \_\_\_\_\_

COMPLAINANT ADVISED OF FINDINGS:  YES  NO DATE: \_\_\_\_\_

METHOD: \_\_\_\_\_ BY: \_\_\_\_\_

**NOTE: ATTACH ALL INVESTIGATIVE DOCUMENTATION TO COMPLETED REPORT.**

**STANDARD COMPLAINT NARRATIVE**

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SIGNATURE OF COMPLAINANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

LAW ENFORCEMENT OFFICER/NOTARY SIGNATURE: \_\_\_\_\_  
(TITLE AND NAME)