BOSTON HOUSING AUTHORITY

DEPARTMENT OF PUBLIC SAFETY

CITIZEN COMPLAINT/COMMENDATION FORM

Date of Incident:	Time of Incident:	Type of Incident	Date of Complaint	Time of Complaint

Citizen (Last, First, MI)	Location of Incident (Number, Street, City, State & Zip Code)

Address (Number, Street, City, State & Zip Code)	Race:	Age:	D.O.B.

Email Address:	Phone :	Gender

Name of Police Officer: (if known)	Badge No. (if known)	Cruiser No.

Gender	Race	Age	Height	Weight	Build	Hair	Eyes:	Comments

Name of Police Officer: (if known)	Badge No. (if known)	Cruiser No.

Gender	Race	Age	Height	Weight	Build	Hair	Eyes:	Comments

Witness Information	Address (Number, Street, City)

Phone:	Gender	Email Address:

Witness Information	Address (Number, Street, City)

Phone:	Gender	Email Address:

Summary of Incident:

CITIZEN COMPLAINT / COMMENDATION
SUMMARY CONTINUATION FORM

(Electronic) Signature of Complainant under the pains and penalties of perjury	Date

Please complete this form and save it to your computer. Email this to the department's Deputy Chief at din.jenkins@bostonhousing.org. Once your form is received, you will be contacted by telephone or email within three (3) business day.