

City of Cambridge POLICE REVIEW & ADVISORY BOARD

51 Inman Street Cambridge, MA 02139

Tel: 617.349.6155 • Fax: 617.349.4766 TDD/TTY 617.349.6112 Email: prab@cambridgema.gov COMPLAINT FORM

Case No: PR	-20
Staff:	
Open Date:	
Close Date:	
-	

(PLEASE PRINT)

COMPLAINANT (Your	r name) RESPONDENT (Officers involved)
Name	1. Officer/Rank/Badge#
Street	
	2. Officer/Rank/Badge#
Telephone	3. Officer/Rank/Badge#
Fax	
Email	INJURY
	Yes No
INCIDENT	Were you injured?
	Describe your injury
Location	
Time & Date	Did you receive medical attention?
	· —————
	By whom?
	Yes No Where?
Was force used?	— WITNESSES
Was abusive language use	ed?
Were racial references ma	
SEARCH	Name Street
You?	City/State/Zip
Vehicle?	Telephone
House?	Name
Person?	Street
Other? (If yes, explain)	City/State/Zip
	Telephone
	For Office Use Only
F	Release Authorization Yes No
	Complaint TypeAgency Referral Walk in By mail Phone Email Web

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relevant names, dates, places, e resolve this matter and the resp	below after describing your complaint in detail. Include tc.; indicate particularly what action you have taken to onse. Be sure to attach any documents to support the facts	
described in this complaint.	Check this box if your statement is attached	
I state and affirm that the above	e/attached is true and accurate to the best of my knowledge.	
SIGNED:	DATE:	