



City of Cambridge POLICE REVIEW & ADVISORY BOARD

51 Inman Street
Cambridge, MA 02139

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Email: prab@cambridgema.gov
COMPLAINT FORM

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

(PLEASE PRINT)

COMPLAINANT (Your name)

Name _____
Street _____
City/State/Zip _____
Telephone _____
Fax _____
Email _____

RESPONDENT (Officers involved)

- Officer/Rank/Badge# _____
- Officer/Rank/Badge# _____
- Officer/Rank/Badge# _____

INJURY

Yes No

Were you injured? _____

Describe your injury _____

Did you receive medical attention? _____

By whom? _____

Where? _____

INCIDENT

Location _____
Time & Date _____

Yes No

Was force used? _____
Was abusive language used? _____
Were racial references made? _____

WITNESSES

Name _____
Street _____
City/State/Zip _____
Telephone _____

SEARCH

You? _____
Vehicle? _____
House? _____
Person? _____
Other? (If yes, explain) _____

Name _____
Street _____
City/State/Zip _____
Telephone _____

For Office Use Only

Release Authorization Yes _____ No _____
Complaint Type _____
Agency Referral _____ Walk in _____ By mail _____ Phone _____ Email _____ Web _____

