



TOWN OF CHESTER
POLICE DEPARTMENT

556 Elm Street
P.O. Box 370
Chester, VT 05143

Emergency 911 or
Dispatch (802) 875-2233
Office (802) 875-2035
Fax (802) 875-2036

CITIZEN'S COMPLAINT FORM

COMPLAINANT'S NAME: _____ DATE OF REPORT _____

ADDRESS: _____ HOME PHONE: _____

WORK PHONE: _____ INCIDENT DATE: _____ INCIDENT TIME: _____

LOCATION OF INCIDENT: _____

OFFICER(S) INVOLVED (if known): _____

DESCRIPTION OF COMPLAINT:(be detailed, use reverse side or additional paper if necessary)

WITNESSES TO INCIDENT:

NAME: _____ ADDRESS: _____ PHONE _____

NAME: _____ ADDRESS: _____ PHONE _____

NAME: _____ ADDRESS: _____ PHONE _____

SIGNATURE: _____ DATE: _____

Return completed form to the Office of the Chief of Police: