

**Town of Shelburne Police Department
Town of Shelburne, Vermont
Citizen Complaint Form**

1. Please complete this form then give to any Shelburne Police Department employee. The Police Department, located at 5420 Shelburne Road, is open 24 hours per day, 7 days per week.
2. Once this form is received by the Shelburne Police Department a Designated Officer will be assigned to investigate the complaint. The Designated Officer will contact you to schedule an interview. Shelburne's Town Manager will also receive a copy of all complaints.
3. At the conclusion of the investigative process, you will receive a letter from the Chief of Police explaining the results of the investigation.

I AM COMPLETING THIS FORM ON:

Date: _____ Time: _____

Name: _____
(Last, First, Middle Initial)

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Alt. Phone: _____

Email Address: _____

THE INCIDENT OCCURRED ON:

Day: _____ Date: _____ Time: _____

Location: _____

WITNESSES TO THIS INCIDENT (if known)

Address: _____

City: _____ State: _____ Zip: _____

Address: _____

City: _____ State: _____ Zip: _____

SHELBURE POLICE DEPARTMENT EMPLOYEE/OFFICER(S) INVOLVED (if known)

Name: _____

Name: _____

Name: _____

This section should be completed by Shelburne Police Department employees.

Employee/Officer receiving initial complaint: _____

Date: _____

Time: _____

Acknowledge of receipt by the Chief of Police: _____

(Signature and Date)

Designated Officer Assigned by Chief of Police: _____

(Last Name, First Name)

Acknowledge of receipt by the Town Manager: _____

(Signature and Date)