



Winchendon Police Department

80 Central Street
Winchendon MA 01475



David P. Walsh
Chief of Police

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COMPLAINT FORM

Date of complaint: _____ Time of complaint: _____

Name of Employee(s): _____

Name of Supervisor receiving complaint: _____

Date: _____ Time: _____ By: Person _____ Phone _____ Writing _____

Name of Complainant: _____ Address: _____

Phone: _____ Witness(s): _____

Witness address: _____ Phone number: _____

Date of incident: _____ Time of incident: _____ Location of incident: _____

Detailed description of complaint: _____
