UNIVERSITY OF MASSACHUSETTS
DARTMOUTH
DEPARTMENT OF PUBLIC SAFETY

CITIZEN RESPONSE FORM

Complainant Information
Name: __________________________________________

Home Address: _____________________________ Home Phone: (___) ______________________

City, State and Zip Code

Business Address: _____________________________ Work Phone: (___) ______________________

City, State and Zip Code

Optional (statistical purposes only)
Race:  Sex:  Status:   (   ) Student        (    ) Staff         (    ) Faculty        (    ) Other

The Process
The Chief/Director of Public Safety reviews every inquiry and complaint. Once your inquiry or complaint is received, it will be thoroughly investigated by a person designated by the Chief/Director of Public Safety. The investigation will usually include a review of all applicable reports, policies and procedures, examination of any evidence or medical records, and interviews with all parties and witnesses. Some inquiries may be resolved within one day, while more complex investigations will take several weeks to complete. If the Chief/Director determines that an officer violated department policies or procedures, appropriate corrective action is taken. The Chief’s review will also include looking for ways to improve policies, procedures and training.

Officers/Employees Against Whom The Complaint Is Made
Name: __________________________________________  ID No.: _____  Rank: ________

Name: __________________________________________  ID No.: _____  Rank: ________

(   ) Additional Officers/Employees Listed in Complainant Statement Section.

Witnesses
Name: __________________________________________  Phone: ________________

Name: __________________________________________  Phone: ________________

Name: __________________________________________  Phone: ________________

Original: Department’s Copy  Copy: Comp  IA/99-08/Rev 08/03 UMPD Form #
UNIVERSITY OF MASSACHUSETTS
DARTMOUTH
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CITIZEN RESPONSE FORM

Date of Incident: ___________________    Time of Incident: _________________

Location of Incident: ________________________________________________________________________

Complainant Statement: _____________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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__________________________________________________________________________________________

I swear or affirm that this statement is true to the best of my knowledge and belief:

Signature: ________________________________

Sworn to and subscribed before me this ______________ day of ___________ 20 ________.

Signature: ________________________________  ID No.: _________

(   )  Statement continued on additional page(s).
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