

A relationship of trust between the employees of this Department and the citizens of the community is essential. As such, all police employees are expected to conduct themselves in such a manner as to reflect favorably upon themselves and the department.

To a large degree, the public image of this department is determined by how well it responds to allegations of misconduct against the department or its officers.

It is the policy of this department to:

- A. Investigate all complaints, including anonymous complaints, against the department or a member of the department, regardless of the source of such complaints, through a regulated, fair, and impartial Internal Affairs Program. A determination will be made as to whether or not such complaints are valid; and
- B. Take appropriate action.
 - a. The procedure for filing a complaint against an employee or the agency is available to the public and is posted;
 - 1) On the department web site; and
 - 2) In the lobby of the police facility.
 - b. A standard complaint report form should be used to record all complaints of misconduct, mistreatment, or unethical practices against Police personnel, whether registered by a citizen, initiated from within the Police Department, or forwarded by another governmental agency.

Police Chief,

Roy W. Frost

This complaint pertains to:
☐ An Employee
☐ The Billerica Police Department



Town of Billerica Police Department Good Street

Good Street Billerica, Ma 01821 Ph. (978) 671-0900 FAX (978) 670-2762

Case #	
Date: _	
Time: _	

Statement Form

Name: Last		First		MI
		LIC#_		
Address				
City		St	Zip code	
Home Phone		Cell Phone		
Officer(s) Involved (If ap	oplicable)			
I HEREBY SUBMIT THE	E FOLLOWING	STATEMENT:		
THIS STATEMENT ANI	FACTS CONT	AINED HEREIN ARE TRU	JE TO THE BEST OF M	Y KNOWLEDGE
SIGNATURE			DATE	
SIGNATURE OF PARE	NT OR GUARI	OIAN (if under 18)		
SIGNATURE OF SUPE	RVISOR (IF RE	EQUIRED)		
PRINTED NAME OF SU	UPERVISOR _			
	PAG	GE OF		

*If this statement involves a complaint against a BPD employee the complainant will receive a response from the Billerica Police Department within 60 days regarding the status or conclusion of the investigation.

Statement Form Continued THIS STATEMENT AND FACTS CONTAINED HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE: SIGNATURE ______ DATE _____ SIGNATURE OF PARENT OR GUARDIAN (if under 18)

*If this statement involves a complaint against a BPD employee the complainant will receive a response from the Billerica Police Department within 60 days regarding the status or conclusion of the investigation.

PAGE _____ OF ____

SIGNATURE OF SUPERVISOR (IF REQUIRED)

PRINTED NAME OF SUPERVISOR _____