



KENNEBUNK POLICE DEPARTMENT

KENNEBUNK, MAINE



Robert F. MacKenzie, Chief of Police

Complaint Form

It is the policy of the Kennebunk Police Department to fully investigate any legitimate complaint against any member of this department.

A “complaint” is an act of expressed dissatisfaction which relates to department operations, policies, and procedures, or an employee’s personal conduct or unlawful acts. A disagreement over the validity of a traffic or parking citation, is not grounds for the initiation of a personal complaint. Those matters are for adjudication by the proper court system.

Attached is a Citizen Complaint Form. Please fill out the form completely and legibly. The form must be filled out by the individual directly impacted by the actions of the department employee and not a secondary party. After completing the form, you may request to speak to an on-duty Supervisor. If the on-duty Supervisor cannot resolve your complaint, it will be forwarded to the appropriate department official for review and/or investigation.

It should be understood that the filing of this report is considered to be an official police report and providing false or misleading information may be considered as providing false statements under Title 17-A M.R.S.A. §453 – Unsworn Falsification.

Lastly, please realize that to assure a thorough review/investigation of your complaint, it may become necessary for you to be contacted and/or meet with the representatives of this department for discussing this complaint in detail.

Respectfully,

Kennebunk Police Department

Citizen Complaint Form

Complainant Name: _____ Date: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Date of Incident: _____ Time of Incident: _____ AM / PM

Location of Incident: _____

Name(s) of department employees involved (if known): _____

Have you reported this to other officers? Yes No If so whom? _____

Did you receive a citation? Yes No If yes, list number: _____

Were you arrested? Yes No If so, what reason? _____

WITNESS (If Applicable)

Witness #1 Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Other: _____

Witness #2 Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Other: _____

******TO BE FILLED OUT BY DEPARTMENT PERSONNEL******

Employee receiving complaint: _____

Date received: _____ Time received: _____ AM PM

Signature of Employee: _____

Statement of Incident

Statement of: _____

Any issue of criminal, traffic, or civil law relating to the complaint will be handled by the appropriate court system. This department will only conduct a review/investigation to determine if a violation of law or departmental rules and regulations occurred.

I, _____, do hereby affirm that the foregoing information provided by me is accurate and true to the best of my knowledge. I also understand that statements given by me, both oral and written, can be used in a court of law. I understand that any false or misleading statements, accusations or allegations made by me in relation to this complaint, either orally or in writing, may subject me to prosecution under M.R.S.A. §453 – Unsworn Falsification, a crime punishable up to three years of incarceration.

I realize to assure a thorough investigation of this matter, it may become necessary for me to be contacted and/meet with representatives of the Kennebunk Police Department for the purposes of discussing this incident in detail. I hereby agree to make myself available for future contact and/or meetings.

Complainant Signature: _____

Witness Signature: _____

Date: _____ Time: _____

Review & Investigation

Date: _____

Official Assigned to Review Complaint: _____

Assignment made by: _____

Reviewing Supervisor: Lieutenant Deputy Chief Chief of Police

Conclusion of Review/Investigation: (if more space is needed attach supplemental document)

Findings: Complaint found to be: (check all that apply)

- Substantiated Unfounded Inconclusive
- Resolved with Complaint In Person By Phone
- Unable to Contact/Meet with Complainant (document the attempts made above – date and time)

Attempts made by: Phone - Date/Time: _____

Visit to Home/Work Place- Date/Time: _____

SIGNATURE

Reviewer of Complaint: _____ Date: _____

Supervisor: _____ Date: _____

Recommendation: Further Investigation Needed No Further Action Needed

Chief of Police: _____ Date: _____