

Instructions:

SOMERVILLE HOUSING AUTHORITY

30 Memorial Road, Somerville, Massachusetts 02145 Telephone (617) 625-1152 Fax (617) 628-7057 TDD (617) 628-8889

Somerville Housing Public Safety Department COMPLAINT/COMMENDATION FORM

 Complete with 	as many details a	s possible	!				
2. Deliver to:	Somerville Housin	g Authori	ty				
:	30 Memorial Road	d, Somerv	ille, MA 0	2143			
Officer(s) Involved:		Description if Officer's Name is Unknown:					
Officer Name	Badge #	Height:	Glasses:	N1 -	Car #	Build:	
000	8.1.11		Yes	No			
Officer Name	Badge #	Hair:	Race:		Car#	Accent:	
Witness Information:							
Last Name: First Name:					M.I.:	Phone:	
Address:	City:				State:	Zip:	
Last Name:	First Name:				M.I.:	Phone:	
Last Name.	riist Name.				IVI.I	Phone.	
Address:	City:	City:			State:	Zip:	
	1				- L		
Your Information:							
Last Name:	First Name:				Date of Birth:		
Address	City.:				Chata O Zina		
Address:	City:				State & Zip:		
Phone:	Email:						
	•				•		
Incident Details:							
Date of Incident: Time of Incident:			Incident Location:				
Date of Report:	Police Papert # /If Vn	Police Penert # (If Known)			Signatura		
Date of Report.	Police Report # (If Known): Signat			ignature:			

Translation and interpretation services are available upon request by appointment only Sevis tradiksyon ak intepretasyon disponib si w bezen

Servicio de traducción e intepretación estan disponibles, con cita, una vez que lo solicite Serviço de tradução e interpretação estão disponíveis somente após agendamento



Nature of Complaint/Commendation	
Signature of Reporting Party:	Date:
Officer Receiving Report:	Date:
Signature of Parent/Guardian of Minor:	Date:

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