

Internal Affairs Complaint Form

Winooski Police Department

Please submit as much contact information as possible so we may get back to you for additional information and clarification. You may submit a complaint anonymously, but that may hamper our ability to investigate this incident.

Filer's Information

Name _____ DOB _____

Home Address _____ City _____ State ____ Zip ____

Phone _____ Email _____

Work Address _____ City _____ State ____ Zip ____

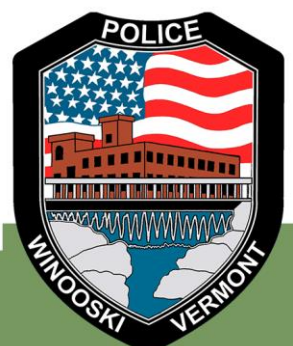
Work Phone _____ Work Email _____

Details of Complaint

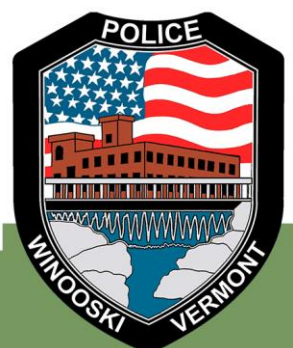
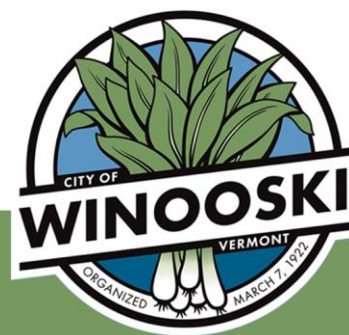
Officer's Name (member about whom you are complaining)

Date of Incident _____ Time of Incident _____

Address/Location where incident occurred



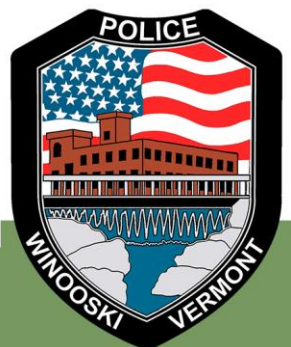
Describe the incident in as much detail as possible.



City of Winooski

Vermont's Opportunity City

27 West Allen Street
Winooski, Vermont 05404
802 655 0221
winooskivt.gov



Witness Contact Information

Witness #1 Name _____ DOB _____

Home Address _____ City _____ State ____ Zip ____

Phone _____ Email _____

Work Address _____ City _____ State ____ Zip ____

Work Phone _____ Work Email _____

Witness #2 Name _____ DOB _____

Home Address _____ City _____ State ____ Zip ____

Phone _____ Email _____

Work Address _____ City _____ State ____ Zip ____

Work Phone _____ Work Email _____

