

To the Citizen:

Members of the Truro Police Department are professionals, and as such are expected to maintain exceptionally high standards in the performance of their duties

Effective and efficient performance of their duties require that members of the Truro Police Department maintain the respect and cooperation of their community. This requirement dictates that the conduct of all Truro Police Officers be above reproach in all matters both within and outside the department.

Misconduct of Truro Police Department employees is not and will not be condoned. I appreciate your bringing this matter to our attention so that these standards can be maintained

As required by the terms of the collective bargaining agreement between the Truro Police Employee's Federation and the Town of Truro, all written complaints against a police department employee will be investigated.

Because of these requirements I ask that you complete the attached complaint form as completely as possible.

Upon receipt of the complaint, an investigation will be conducted promptly and you will be contacted by the Internal Affairs Investigator. Upon completion of this investigation he will submit a written report to me together with his recommendation for my review and for my action.

If you have any questions concerning the investigation or disposition of your complaint report, please feel free to contact me.

Sincerely,

Kyle Takakjian Chief of Police

> 344 Route 6, Post Office Box 995, Truro, Massachusetts 02666-0995 508-487-8730 www.truropolice.org

## **Truro Police Department**

## Internal Affairs Complaint Form

Last Name		F	ïirst					Middle	
Street Address		С	City/Town	1		State	Zip Code	Telephone	
Business Address		С	City/Town	n		State	Zip Code		
Email Address		С	Cell Phone Number						
Name of Officer Con	nplaint Against			Rank	1	Badge Numb	ber		
Description if name not known									
Date of Incident	Time of Incident	Location of Incide	ent						
Description of Incide	nt								

Desired Outcome

Name of Witness	Address	Telephone			
Name of Witness	Address	Telephone			
Name of Witness	Address	Telephone			
I HAVE READ THIS COMPLAINT REPORT AND I TRULY DECLARE AND AFFIRM THAT THE					
STATEMENTS CONTENTS HERIN ARE ACCURATE TRUE, AND COMPLETE TO THE BEST OF MY					
KNOWLEDGE AND BELIEF. I AM 🗆 AM NOT 🗆 WILLING TO TESTIFY AT ANY HEARING IN					
CONNECTION WITH THIS COMPLAINT.					

Signature of Complainant	Signature of Complainants Parent/Guardian if he/she is a minor

Date and Time Received	Signature of Person Receiving Report