

DEDHAM POLICE DEPARTMENT

Compliment/Complaint Form

Mail to: Chief Michael J. d'Entremont
Dedham Police Department
600 High Street
Dedham, MA 02026

Employee's Name: _____

Employee's ID: _____

Police Officer

Dispatcher

Animal Control Officer

Other

Nature of Incident: _____

Date, Time and Location of Incident: _____

Witness (Name, address & phone): _____

Explain what occurred: (you may attach additional pages if necessary)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____ **Telephone:** _____

Signature: _____ **Date:** _____

Signature of Police Official: _____ **Date:** _____

A member of the agency will process this request