

Massachusetts State Police Public Response Form

Responding Person's Information				
Name:		DOB:		
Home Address:		Primary Phone Number:		
		Secondary Phone Number:		
		Coolinary Friend Namibor.		
		E-mail Address:		
Driver's License Number and State (If applicable):		Vehicle Registration and State (if applicable):		
Date of Occurrence:	Time of Occurrence:	Location/Address of Occurrence:		

Narrative						
Type of Report (please check one):	Compliment	Complaint	Other			
Trooper/Employee name and/or ID#:		Cruiser # and/or description (if	Cruiser # and/or description (if applicable):			
Citation # (if applicable):		Incident report # (if applicable):				
INARRATIVE: Please provide a description of (e.g. reason for interaction, other involved per	ine event that you are reporting sonnel, other witnesses, etc.)	ng. In addition to the above information,	olease include any other pertinent information.			
Signature_		Date:				
		ditional names if needed)				

Submission of a Public Response Form

This form may be submitted in the following manner:

- Delivered in person to: The Massachusetts State Police General Headquarters 470 Worcester Road Framingham, MA 01702 / Public Response Form; or
- Faxed to: Division of Standards and Training/ Public Response Form 508-820-2149; or
- Mailed to: Massachusetts State Police Division of Standards and Training/ Public Response Form, 470 Worcester Road Framingham, MA 01702
- Emailed to: Division of Standards and Training/ Public Response Form at Publicresponsereports@pol.state.ma.us (Ensure a completed copy of the Public Response Form is attached to your e-mail.)

For assistance with submitting this form, you may contact 508-988-7003

The Massachusetts State Police value your comments and take them seriously. For all complaints, an officer assigned to the Division of Standards and Training will contact you when we receive this form.

If a complaint is found to be fabricated, the reporting party may be subject to criminal prosecution and/or civil proceedings.

Narrative (continued)					
Signature		Date:			
	(Use additional pages if needed)				