# *MBTA TRANSIT POLICE*

CITIZEN COMPLAINT/COMMENDATION FORM

| Date of Incident: | Time of Incident: | Type of Incident: | Location Of Incident (Number, Street, City) |
|---|---|---|---|

| Citizen (Last, First, MI) | Address (Number, Street, City, State & Zip Code) |
|---|---|

| Phone : | Gender | Race: | Age: | D.O.B. |
|---|---|---|---|---|

| Email Address: |
|---|

| Name of Police Officer: (if known) | Badge No. (if known) | Cruiser No. |
|---|---|---|

| Gender | Race | Age | Height | Weight | Build | Hair | Eyes: | Comments |
|---|---|---|---|---|---|---|---|---|

| Name of Police Officer: (if known) | Badge No. (if known) | Cruiser No. |
|---|---|---|

| Gender | Race | Age | Height | Weight | Build | Hair | Eyes: | Comments |
|---|---|---|---|---|---|---|---|---|

| Witness Information | Address (Number, Street, City) |
|---|---|

| Phone: | Gender | Email Address: |
|---|---|---|

| Witness Information | Address (Number, Street, City) |
|---|---|

| Phone: | Gender | Email Address: |
|---|---|---|

| Summary of Incident: |
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# *MBTA TRANSIT POLICE*

CITIZEN COMPLAINT / COMMENDATION
SUMMARY CONTINUATION FORM

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| (Electronic) Signature of Complainant under the pains and penalties of perjury | Date |
|---|---|
| | |

Please click on SUBMIT and your form will be automatically sent to professionalstandards@mbta.com. Upon receiving your form, you will be contacted by telephone or email within (3) business day.

**SUBMIT**