



Southbridge  
Police  
Department

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Southbridge, MA01550  
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*Chief Shane D. Woodson*  
Administrative Fax: (508) 765-2257

*Deputy Chief Jose A. Dingui*

**Professional Standards Investigation Form**  
**Employee and Agency Complaints**

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**TEL#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**WITNESSES:** \_\_\_\_\_

**METHOD COMPLAINT TAKEN (IN PERSON, PHONE, EMAIL, ETC.):** \_\_\_\_\_

Name, rank, badge number (or description) of the employee(s) against whom the complaint is made:

\_\_\_\_\_  
\_\_\_\_\_

Date, time, and location of the reported incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Complainant's description of the incident which resulted in the complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Agency as a whole complaint (not specific officer): \_\_\_\_\_

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It is the policy of the Southbridge Police Department to investigate all complaints against members of this agency through a regulated, fair and impartial Internal Investigation. You do not need to be familiar with the law or police regulations to file your complaint. Complete this complaint form and return it to the police department. Once the complaint form has been reviewed you will be contacted by the Internal Affairs Investigator. You will be kept abreast of the progress of the case and will be notified of the results of the investigation once completed. Thank you for your interest and concern in maintaining a high standard of professionalism within the law enforcement community in Southbridge. I have reviewed the details of my complaint and this complaint is a true and accurate account of the events as they occurred. I understand that any false or untrue statements, accusations or allegations herein made by me in relation to this complaint, either orally or in writing, to any persons investigating this complaint may subject me to civil and/or criminal prosecution.

\_\_\_\_\_  
*Signature of complainant*

**PSIF#** \_\_\_\_\_

\_\_\_\_\_  
*Name, Rank, and Signature of employee receiving complaint*

*Copy of Complaint given to complainant? YES NO*