

MBTA TRANSIT POLICE

CITIZEN COMPLAINT/COMMENDATION FORM



Date of Incident:		Time of Incident: Type of Incident Complaint □ Commence				aint 🗆	Date of Complaint				Time of Complaint		
Citizen (Last, Fi	rst, MI)			l	COMMI	OTIK	Location of Incident (Number, Street, City, State & Zip Code)						
Address (Number, Street, City, State & Zip Code)							<u> </u>	Race: Age:		Age:		D.O.B.	
Email Address:								one :			Gender: M □ F		
Name of Police Officer: (if known)								Badge No. (if known)			Cruise	er No.	
Gender: M □ F □	Race	Age	Height	Weight	Build	На	air	Eyes:	Comm	ents			
Name of Police Officer: (if known)								Badge No.	(if known)	Cruise	er No.	
Gender: M □	Race	Age	Height	Weight	Build	Ha	air	Eyes:	Comm	ents			
F 🗆	racc	Age	ricigiit	Weight	Build		an	Lycs.	Commi	onio			
Witness Information					<u> </u>	Addre	ess (Numl	ber, Street, Ci	ty)				
Phone: Gender: M			Email Address:										
Witness Informa	ation					Addre	ss (Numb	oer, Street, Ci	ty)				
Phone: Email Address:													
Phone.		Gender: M □ F □		Email Addices.									
Summary of Incid	dent:												



MBTA TRANSIT POLICE



CITIZEN COMPLAINT / COMMENDATION SUMMARY CONTINUATION FORM

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

Please complete this form and save it to your computer. Email this to professionalstandards@mbta.com. Once your form is received, you will be contacted by telephone or email within three (3) business day.