



ROCKPORT POLICE DEPARTMENT

John T. McCarthy, Chief of Police

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Citizen Complaints

Department Complaints

The agency and its employees are committed to maintaining integrity and discipline, and in maintaining a relationship with the community of public trust and confidence. In an effort to maintain integrity, discipline, public trust and public confidence, the Rockport Police Department has a formal complaint policy to accept and investigate allegations of agency / employee misconduct.

The formal complaint process requires that all complaints be accepted, investigated, and then finished with a "conclusion of fact." If appropriate, employees will be disciplined for misconduct according to the agency's disciplinary procedure.

Commonly Asked Questions

Question: How do I file a complaint against an employee/ agency of the Rockport Police Department?

Answer: Complete the Citizen Complaint Report Form on the following page and drop it off at, or mail to, the:

**Rockport Police Department
Attn: Chief of Police
P.O. Box 156
168 Main Street
Rockport, MA 01966**

You will be contacted for follow up and signing a formal complaint form as appropriate.

Question: Are anonymous complaints accepted?

Answer: We do not encourage anonymous complaints because they are difficult to investigate; however if an anonymous is filed, it will be investigated to the fullest extent possible.

Question: What happens after I file a complaint?

Answer: The complaint will be investigated by a supervisor. Normally, it takes 30 – 60 days to fully investigate a complaint. Following the investigation, a "finding of fact" will be made and you will be notified of the finding.

Rockport Police Department Citizen Complaint Form

Citizen's Information (person reporting complaint)

Citizen's Name	Home Telephone No.	Daytime Telephone No.
Address (include street address, city, state and zip code)		

Complaint Information

Incident Date and Time	Incident Location	Incident No. (If Known)
Employee's Name	Badge No. (If Known)	Employee's Physical Description
Witness(es) Name, Address, Telephone No.		

Describe Basis for Complaint (attach additional statement, if necessary)

I have read this complaint report, and I truly declare and affirm that the statements contained herein are accurate, true, and complete to the best of my knowledge and belief. I ___am___ am not willing to testify at any hearing in the connection with this complaint.

Signature of Complainant

Signature of Complainant's Parent or Guardian if he/she is a minor less than 18 years of age.

Date: _____

Date: _____

If you have any questions, please call the Rockport Police Department at (978) 546-1212

Receipt and Disposition Information (to be completed by Police)

Employee Receiving Report	Date and Time Received	Investigation Assigned To (and Date)
Date Formal Complaint Initiated		Final Deposition Date