



**Dedham Police Department**  
26 Bryant St, Dedham, MA 02026

## COMPLIMENT/COMPLAINT FORM

Mail to: Chief Michael J. d'Entremont  
Dedham Police Department  
26 Bryant St  
Dedham, MA 02026

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Police Officer

Dispatcher

Animal Control Officer

Other \_\_\_\_\_

Nature of Incident: \_\_\_\_\_

Date, Time & Location of Incident: \_\_\_\_\_

Witness (Name, address, & phone):

\_\_\_\_\_

Explained what occurred: (you may attach additional pages if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Police Official: \_\_\_\_\_ Date: \_\_\_\_\_

A member of the agency will process this request. You will be kept informed of the progress of the case and will be notified of the results of the investigation when completed, usually within thirty (30) days.