

PITTSFIELD POLICE DEPARTMENT

39 ALLEN ST.
PITTSFIELD, MA 01201

COMPLAINT OF IMPROPER OPERATION

I am filing a complaint with the Pittsfield Police Department concerning the improper operation of a motor vehicle. The motor vehicle registration number is _____.

The vehicle make, model, and color

_____.

COMPLAINT INFORMATION

YOUR NAME: _____ **PHONE #:** _____

YOUR ADDRESS: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION CONCERNING THE IMPROPER OPERATION OF THE MOTOR VEHICLE YOU OBSERVED. BE AS SPECIFIC ABOUT THE DETAILS OF THE INCIDENT AS POSSIBLE.

DATE OF THE INCIDENT: _____ **TIME:** _____

STREET / LOCATION OF THE INCIDENT: _____

DESCRIPTION OF THE IMPROPER OPERATION (USE BACK IF NECESSARY): _____

BY SIGNING THIS FORM, YOU ARE FILING A COMPLAINT OF IMPROPER OPERATION OF A MOTOR VEHICLE BY ANOTHER OPERATION. YOU MAY BE **REQUIRED** TO APPEAR AT ANY ADMINISTRATIVE HEARING CONDUCTED BY THE DISTRICT COURT. YOU WILL BE NOTIFIED BY MAIL OF THE DATE, TIME AND LOCATION OF ANY HEARING.

SIGNED: _____ **DATE:** _____