



# How to File an Official Commendation or Complaint about an employee of the Portland Police Department

## 1. Fill out the form on the City's Website:

<https://www.portlandmaine.gov/FormCenter/Police-Department-3/Commendation-or-Complaint-Citizen-Input-129>

**OR**

## 2. Fill out this form and drop it off at either of these places:

Police Headquarters, Office of the Chief 109 Middle Street	City Hall, Office of the City Manager 389 Congress Street
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**OR**

## 3. Fill out this form and mail to:

Police Chief  
Portland Police Department  
109 Middle Street  
Portland, ME 04101

## What Happens Next?

1. If you gave us your information, a supervisor will contact you. They will explain what happens next, answer your questions and get more information.
2. If we need to do an investigation, we will tell you about the progress and the results.
3. If you want to, you can meet with a member of the command staff to talk about the outcome.

# PORTLAND POLICE DEPARTMENT

## Commendation or Complaint Form

Providing the best possible law enforcement services to the Portland community requires constant evaluation and improvement. We are committed to constantly challenging the ways we do business and finding new and better ways to serve. Your input is an important part of that process.

Please use this form to tell us about an experience with our Department. You can stay anonymous if you want to, but if we can't follow up with you, we might not be able to fully investigate and we will not be able to tell you the results of the investigation. If we have your contact information, we will contact you when we receive this form.

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- I WANT TO:  ASK THE POLICE DEPARTMENT A QUESTION  
 RAISE A CONCERN ABOUT AN OFFICER'S BEHAVIOR  
 PRAISE AN OFFICER'S PERFORMANCE

### MY INFORMATION IS:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ GENDER: \_\_\_\_\_ RACE: \_\_\_\_\_

*Providing your race and gender is optional and is intended to help us better assess police interactions and ensure our services are accessible to all members of our community.*

### TO HELP US IDENTIFY THE INCIDENT, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE OF INTERACTION: \_\_\_\_\_ TIME OF INTERACTION: \_\_\_\_\_

LOCATION OF INTERACTION: \_\_\_\_\_

NAME OR DESCRIPTION OF OFFICER(S): \_\_\_\_\_

