

The Pittsfield Police Department

39 Allen Street
Pittsfield, Massachusetts 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 are: _____.

Complainant Information

Your Name: _____ Phone No.: _____

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: _____

By signing this form you are filing a complaint of improper operation of a motor vehicle by another operator. 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: _____