

BURLINGTON POLICE DEPARTMENT

Antonio B. Pomerleau Building
One North Avenue
Burlington, Vermont 05401

Brandon del Pozo
Chief of Police

Telephone (802) 658-2704
Fax (802) 865-7579
T.D.D. (802) 658-2700

Citizen's Complaint Process

The Burlington Police Department is a dedicated to ensuring the public safety for all persons in the confines of our city. We are committed to earning and maintaining the public trust. We take this responsibility seriously, and have a process in place to address complaints from community members about how we accomplish our mission of public safety. We encourage community members to report allegations of improper conduct on the part of our sworn officers and non-sworn staff. These complaints will be dealt with in a prompt, open and expedient fashion, and are vital to ensuring our legitimacy and effectiveness from the perspectives of respect for citizens and the quality of our work.

A complaint process has been established to investigate concerns and complaints regarding the performance of our employees. You may make a complaint using the attached form in person or by mail. Please keep a copy for your reference. You may also complete the form and deliver it to a city councilor, the mayor's office, or in person to the assistant to the Chief of Police at One North Avenue. You will receive a reference number and learn of the disposition of your case when the investigation is complete.

Please feel free to contact the office of the Chief of Police during normal business hours if you have any questions regarding this procedure through his assistant, Kimberly Caron, at kcaron@bpdvt.org

Sincerely,

Brandon del Pozo
Chief of Police



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CITIZEN'S COMPLAINT FORM

COMPLAINANT'S NAME: _____ DATE OF REPORT _____

ADDRESS: _____ HOME PHONE: _____

WORK PHONE: _____ INCIDENT DATE: _____ INCIDENT TIME: _____

LOCATION OF INCIDENT: _____

OFFICER(S) INVOLVED (if known, or physical descriptions):

DESCRIPTION OF COMPLAINT:(be detailed, use reverse side or additional paper if necessary)

WITNESSES TO INCIDENT:

NAME: _____ ADDRESS: _____ PHONE _____

NAME: _____ ADDRESS: _____ PHONE _____

NAME: _____ ADDRESS: _____ PHONE _____

SIGNATURE: _____

DATE: _____