KENNEBUNKPORT POLICE DEPARTMENT

Craig A. Sanford Chief of Police Kurt H. Moses Deputy Chief



Complaints against employees of the Kennebunkport Police Department

The members of Kennebunkport Police Department are dedicated to the community we serve. As the Chief of Police, I expect the hard working men and women of this agency to be fair and ethical in the performance of their duties. A very important function of any law enforcement agency is the investigation of alleged police misconduct. The Kennebunkport Police Department will take all complaints dealing with acts of misconduct by our employees no matter where or when the misconduct may have happened.

Complaint forms will be available at the Kennebunkport Police Department and at the Kennebunkport Town Offices. I would ask that Complaint Forms be filled out with as much detail as possible. Omitting information can affect how the complaint is investigated. Anyone needing assistance in completing the Complaint Forms shall be helped by any police department employee.

The investigation of alleged police misconduct will require full cooperation with investigators. Investigators will be professional in their dealings with complainants and will only gather facts important to the inquiry. We will need persons with information to be available to ensure a thorough investigation.

Once the investigation is completed, I will review all the information. I will make sure you are notified by mail of the findings. Please realize this type of investigation may take a period of time to complete.

I would ask you to call my office with any questions or concerns about our complaint procedure. We are honored to protect and serve a great community.

Sincerely.

Craig A. Sanford Chief of Police

KENNEBUNKPORT POLICE DEPARTMENT CITIZEN COMPLAINT FORM

ODAY'S DATE					
OUR NAME:					
(Last)	(First)	(Mi	ddle)	(Date of Birth)	
OUR ADDRESS:	(Street)			(Apt #)	
ity or Town)	(State)	(Zip)	(Home p	hone with area code)	
HERE CAN YOU BE	REACHED DURING THE DA	AY?			
	(Address)	(Tele	ephone #)		
JEN AND WHEDE D	OID THE INCIDENT THAT YO	OH ADE COMBLAIN	DIC ADOUT O	ACCUP?	
TEN AND WHERE D	ID THE INCIDENT THAT Y	OU ARE COMPLAIN	ING ABOUT C		
SCRIBE, OR LIST T	HE NAME (S) OF, THE EMPI	LOYEE (S) INVOLVE	D:		
	HE NAME (S) OF, THE EMPI	, ,			Car#
5		, ,			Car #
		, ,			
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FALSE STATEMENTS ARE PUNISHABLE BY LAW

Maine Criminal Code, 17-A, §453 Unsworn Falsification: A person is guilty of unsworn falsification if: with the intent to deceive a public servant in the performance of his official duties, he makes any written false statement which he does not believe to be true...