

Town of Gorham
Police Department
ADMINISTRATIVE COMPLAINT FORM

Name _____ Date _____
Time _____ Place _____
Persons Present _____

WARNINGS AND INFORMATION

Maine law provides in section 453, Chapter 19, Title 17-A Maine Criminal Code that:

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 false written statement which he does not believe to be true, provided, however that this subsection does not apply in the case of a written false statement made to a law enforcement officer by a person then in official custody and suspected of having committed a crime....

Unsworn falsification is a Class D crime punishable by a \$1,000 fine and/or a maximum of one year imprisonment

I UNDERSTAND THAT ANY FALSE STATEMENT MADE BY ME IN THE COURSE OF THIS COMPLAINT MAY SUBJECT ME TO CRIMINAL OR CIVIL LAW LIABILITY.

I realize that it may become necessary, during the investigation of this complaint, for me to meet with a member(s) of the Gorham Police Department to discuss this complaint, either in the presence or absence of the accused member(s), at the discretion of the department. I hereby accept and agree that if any action is initiated through a court or administrative hearing as a result of my complaint, my testimony before these hearings may be required. I hereby agree to make myself available to the aforementioned court or administrative hearing when requested to do so.

I HAVE READ THE ABOVE WARNINGS AND INFORMATION OR HAVE HAD IT READ TO ME. I UNDERSTAND AND DO HEREBY MAKE THE ATTACHED PERSONAL STATEMENT VOLUNTARILY AND OF MY OWN FREE WILL.

Witness Signature

Signature of Complainant