

REPORT OF A COMPLAINT AGAINST POLICE DEPARTMENT PERSONNEL

CR# _____

IA# _____ (to be assigned)

Misconduct Complaint

Platoon/Unit Complaint

COMPLAINANT INFORMATION

NAME: _____ DOB: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

WORK PHONE: _____ ADDITIONAL INFO: _____

IDENTITY OF EMPLOYEE(S) / VEHICLE(S) COMPLAINT IS BEING LODGE AGAINST

NAME: _____ RANK: _____ ID# _____ VEH# _____

NAME: _____ RANK: _____ ID# _____ VEH# _____

NAME: _____ RANK: _____ ID# _____ VEH# _____

WITNESSES

NAME: _____ DOB: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

WORK PHONE: _____ ADDITIONAL INFO: _____

NAME: _____ DOB: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

WORK PHONE: _____ ADDITIONAL INFO: _____

NAME: _____ DOB: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

WORK PHONE: _____ ADDITIONAL INFO: _____

NAME: _____ DOB: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

WORK PHONE: _____ ADDITIONAL INFO: _____

I UNDERSTAND THAT THIS STATEMENT OF COMPLAINT WILL BE SUBMITTED TO THE IRONDEQUOIT POLICE DEPARTMENT AND MAY BE THE BASIS FO AN INVESTIGATION. FURTHER, I DECLARE THAT THE FACTS CONTAINED HEREIN ARE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. FUTHER, I DECLARE THAT MY STATEMENT HAS BEEN MADE BY ME VOLUNTARILY WITHOUT PERSUASION, COERCION OR PROMISES OF ANY KIND. (Complainant's Initials: _
__)

I UNDERSTAND THAT THE EMPLOYEE AGAINST WHOM THIS COMPLAINT IS FILED MAY BE ENTITLED TO A HEARING. BY SIGNING AND FILING THIS COMPLAINT, I HEREBY AGREE TO APPEAR AT SUCH HEARING RELEVANT TO THIS COMPLAINT. (Complainant's Initials: _____)

FALSE STATEMENTS MADE IN THE FORGOING INSTRUMENT ARE PUNISHABLE AS A CLASS A MISDEMEANRO PURSUANT TO SECTION 210.45 OF THE N.Y.S. PENAL LAW. ACCORDINGLY AND WITH NOTICE OF THE FOREGING I HEREBY AFFIRM THAT THE FORGOING STATEMENT(S) ARE TRUE UNDER THE PENALTY OF PERJURY. (Complainant's Initials: _____)

THIS _____ DAY OF _____, _____

_____ Check if refused.

Signature of Complainant

Signature of Command Officer Receiving the Complaint

Date Complaint Received: _____

Time Complaint Received: _____

Signature of Supervisor complaint was forwarded to: _____

Date copy of complaint was returned to supervisor who received the complaint: _____