POLICE COMPLAINT FORM

☐ Phone  ☐ In-Person  ☐ E-Mail  ☐ US Mail  ☐ Anonymous

Complainant: Name: ________________________________

Address: ________________________________________

Telephone: __________________________ Business Phone: ________________

Complaint: Date: __________ Day: __________ Time: ________________

Location of Complaint: ______________________________________

Complaint Description: ______________________________________

List any witness names, addresses, telephone numbers, record any evidence, injuries and damage:

FALSE STATEMENTS MADE HEREIN, ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SEC. 210.45 OF THE PENAL LAW. AFFIRMED UNDER PENALY OF PERJURY.

Complainant’s Signature ___________________________ Date __________

Supervisor’s Signature ___________________________ Date __________ Time __________

Rev. 12/2012