

PERSONNEL COMPLAINT FORM

Date of Report: _____ Time: _____ Page ____ of ____ Pages

Complainant Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Date of Incident: _____ Time: _____ Location: _____

Nature of Complaint: _____
(Use of Force, Procedural, Property, Etc.)

Narrative (Briefly state the basis of your complaint, in detail) _____

NOTE: Pursuant to section 210.45 of the Penal Law of the State of New York, any incorrect or false statement attributed to you and contained herein is punishable as a Class A Misdemeanor.

Date Filed: _____ Signature: _____

Date Received: _____ Received by: _____ Time: _____