



CITY OF NEWBURGH POLICE DEPARTMENT

PUBLIC SAFETY BUILDING
55 BROADWAY
NEWBURGH, N.Y. 12550-5698
TEL: (845) 561-3131 FAX: (845) 561-9052 or (845) 565-5662



Citizen Complaint and Compliment Form

Reporting Persons Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male Female

Race/Ethnicity: _____

Did you witness the incident: Yes No

If mediation were offered in an attempt to resolve a complaint, would you be willing to sit down with the officer and a third party to resolve this issue? Yes No

For Office Use Only

Complaint Received

Date: _____

Time: _____

By: _____

IAD#: _____

Case #: _____

Classification: _____

Investigator: _____

Date Assigned: _____

Date of Final Report: _____

Copy to Complainant Yes No

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Description of the Incident:

(Please write as much detail as possible.)

Note: False statements made herein are punishable as a class "A" misdemeanor pursuant to section 210.45 of the New York State Penal Law.

(Use additional sheets if necessary)

I have read (or have had read to me) the above statement and it is true to the best of my knowledge, information and belief.

Complainant's Signature: _____ Date: _____

(Print Name): _____

Witness Signature: _____ Date: _____

(Print Name): _____

If you are filing this on behalf of someone else, please provide this person's information below.

Parent Spouse Relative Guardian Child Friend Other _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male Female Race/Ethnicity: _____

WITNESS 1

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male Female Race/Ethnicity: _____

WITNESS 2

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male Female Race/Ethnicity: _____

Please provide as much description of the police officer(s) about whom you are reporting.

OFFICER 1:

Rank: _____ Name: _____ Shield/Badge #: _____

Was the Officer in: Plain clothes, or Uniform; On foot, or In car; Other _____

Patrol Car #: _____ License Plate #: _____ Marked Car, or Unmarked

Sex: Male Female Race/Ethnicity: _____

Physical Description (eye color, hair color, approx. height & build, age, etc.):

Please describe the role of this officer in the incident:

OFFICER 2:

Rank: _____ Name: _____ Date of Birth: _____

Shield/Badge #: _____ Area of Patrol: _____

Was the Officer in: Plain clothes, or Uniform; On foot, or In car; Other _____

Patrol Car #: _____ License Plate #: _____ Marked Car, or Unmarked

Sex: Male Female Race/Ethnicity: _____

Physical Description (eye color, hair color, approx. height & build, age, etc.):

Please describe the role of this officer in the incident:
