

WATERVLIET POLICE DEPARTMENT
CIVILIAN COMPLAINT REPORT

The Watervliet Police Department encourages citizens to report legitimate complaints against members of the department. Consequently, a thorough, impartial investigation will be conducted. If this matter proceeds to a formal Civil Service Hearing, you will be contacted to testify. Your anonymity will be maintained to the best of the departments' ability and shall not disclose your name or address to unauthorized members. Your complaint is freely and voluntarily without coercion or promise of any kind. The information provided by you MUST be truthful as this information may serve as the basis for disciplinary action against a member of the Watervliet Police Department. Therefore, any intentional false or incorrect statement attributed to you may serve as the basis for criminal action against you.

Date of Report ____/____/____ Time of Report _____ Incident # _____

Complainants Name _____ Date of Birth ____/____/____ Age ____

Telephone # _____ (Home) _____ (Work) _____ (Cell) _____

Employment _____ Employment Address _____ Years of Education ____

Date of Incident complained. ____/____/____ Time of Incident _____ Incident # _____

Complaint Type: **(USE OF FORCE) (PROPERTY) (PROCEDURAL)(OTHER)** _____

How Received: **(IN PERSON) (LETTER) (TELEPHONE) (OTHER)** _____

Details of Complaint: (Person reporting the incident is required to provide details sufficient to investigate the incident)

(Use reverse side if additional space is required)

Personnel complained of **(Member(s) name, badge #, vehicle #, and physical description)**

Witness information: **(Name, Address, Telephone #, Employment, Employment telephone #)**

PURSUANT TO SECTION 210.15 OF THE PENAL LAW OF THE STATE OF NEW YORK, ANY INCORRECT OR FALSE STATEMENT-ATTRIBUTED TO YOU AND CONTAINED HERIN IS PUNISHABLE AS A CLASS A MISDEMEANOR

COMPLAINANTS SIGNATURE

DATE AND TIME

Complainant received and witnessed by

Location complainant received