

**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 This Report: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of This Report: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Telephone Number: (home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer: \_\_\_\_\_ Years of Education: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Approx Time: \_\_\_\_\_ Incident Number (if known): \_\_\_\_\_

Complaint Type (circle): (USE OF FORCE) (PROPERTY) (PROCEDURAL) (OTHER) \_\_\_\_\_

How Received (circle): (IN PERSON) (LETTER) (TELEPHONE) (OTHER) \_\_\_\_\_

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

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*(Use reverse side if additional space is required)*

Personnel involved: (Member's name, badge number, vehicle number, and/or physical description):

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Witness information: (Name, Address, Telephone number, Employer, Employer telephone number):

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**\*\*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