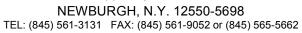


## CITY OF NEWBURGH POLICE DEPARTMENT

PUBLIC SAFETY BUILDING 55 BROADWAY





## **Citizen Complaint and Compliment Form**

Reporting Persons Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address:		<del>_</del>
City:	State:	Zip:
Home Phone:	Business Phone:	Ext:
Cellular Phone:	E-mail Address:	
Sex: Male  Female	Ra	ce/Ethnicity:
Did you witness the incider	nt: Yes 🗌 No 🗌	
		would you be willing to sit down with the office
and a third party to resolve th	1s 1ssue? Yes [ ] No [ ]	
For Office Use Only		
Complaint Received	IAD#:	Investigator:
Date:	Case #:Classification:	Date Assigned: Date of Final Report: Copy to ComplainantYesNo
By:		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. Date: \_\_\_\_\_ Complainant's Signature: (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

(Print Name): \_\_\_\_\_

If you are filing this on b	ehalf of someone else, please p	provide this person's ii	nformation below.
Parent Spouse	☐ Relative ☐ Guardian ☐	Child Friend	Other
Name:	Date of B	irth:	
Address:			
City:	State: 2	Zip:	
Home Phone:	Business Phone:		_Ext:
Cellular Phone:	E-mail Address:		
Sex: Male  Female	Race/Ethnicity:		_
WITNESS 1			
	Date of Bir	rth:	
Address:			
City:	State: 2	Zip:	
Home Phone:	Business Phone:		_Ext:
Cellular Phone:	E-mail Addres	ss:	
Sex: Male  Female	Race/Ethnicity:		_
WITNESS 2			
Name:	Date of Bir	th:	
Address:			
	State: 2		
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 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: \_\_\_\_\_ 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: