



GREENBURGH POLICE DEPARTMENT CIVILIAN COMPLAINT FORM

Category 1 _____ Category 2 _____

INCIDENT TYPE:		WHEN REPORTED:		RELATED INCIDENT #: SIU #:		
TIME OF INCIDENT:			LOCATION OF INCIDENT:			
COMPLAINT RECEIVED: IN PERSON _____ PHONE _____ FAX _____ LETTER _____ THIRD PARTY _____ ANONYMOUS _____						
CIVILIAN COMPLAINANT:		COMPLAINANT'S ADDRESS: Street:		PHONE NUMBERS: Res:		
DATE OF BIRTH: / /		City: St: Zip:		Bus:		
WITNESS(S) NAME		DOB	ADDRESS		AP	PHONE NUMBERS
1)				Street:		RES:
				City: St.: Zip:		BUS:
2)				Street:		RES:
				City: St.: Zip:		BUS:

DETAILS OF COMPLAINT: (To be handwritten by Complainant if possible. NOTE: Use back of this form if additional space is required)

NOTE: Pursuant to section 210.45 of Penal Law of the State of New York. Any incorrect or false statement contained in this instrument is punishable as a Class A Misdemeanor. I hereby affirm that the foregoing statements are true under penalty of perjury, this _____ day of _____, 20____.

Signature of Complainant

Signature of Receiving Officer

Forwarded by: _____

To: _____ Date: _____

NOTE: The receiving officer shall complete a Supervisor Report, UF 100 noting disposition and/or referral. The receiving officer shall forward category 2 complaints to members immediate supervisor and copy to members Division CO. Upon receipt of a Category 1 complaint immediately notify members Division Commander and SIU.

