



WATERVLIET POLICE DEPARTMENT

CIVILIAN COMPLAINT REPORT

WPD USE ONLY:
IA C#:

The Watervliet Police Department encourages citizens to report legitimate complaints against members of the department. Consequently, a thorough and impartial investigation will be conducted. If this matter proceeds to a formal Civil Service Hearing, you may be contacted to testify. This complaint you submit must be made freely and voluntarily without coercion or promise of any kind. The information provided by you must be truthful, as it may serve as the basis for disciplinary action against a member of the Watervliet Police Department. Therefore, any false or incorrect statements attributed from you may serve as the basis for criminal action against you. Be advised that any false statement you provide (a) while giving testimony, or (b) under oath in a subscribed written instrument, such as this complaint form, are punishable as a class A misdemeanor pursuant to §210.45 of the NYS Penal Law.

Complainant's Info					
Name:	<i>Last</i> _____ <i>First</i> _____ <i>MI</i> _____	DOB:		Age:	
Address: (home)	<i>House & Street:</i> _____				
	<i>City:</i> _____		<i>State:</i> _____		<i>Zip:</i> _____
Phone #:	Cell: <input type="checkbox"/> Work: <input type="checkbox"/>	<i>Primary Ph #:</i> _____		Cell: <input type="checkbox"/> Work: <input type="checkbox"/>	<i>Alt. Ph #:</i> _____
	Home: <input type="checkbox"/> Other: <input type="checkbox"/>			Home: <input type="checkbox"/> Other: <input type="checkbox"/>	
Email:	_____				
Complaint Details:					
Date of Incident:		Time of Incident:	_____ am/pm	Location of Incident:	
Date Reported:		Time Reported:	_____ am/pm		
Incident or Ticket #: (if known)	_____			Witness Info: (name/address/ ph #):	_____
List or describe all WPD personnel involved:	_____				
	<i>If known, provide the Member's name(s), badge #, vehicle #, and/or physical description.</i>				
Were you physically injured?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input type="checkbox"/>	If yes, describe injury & medical treatment:		_____	
Are you including any photos or other evidence to support your complaint?			Yes: <input type="checkbox"/> *if yes, describe on pg. 2	No: <input type="checkbox"/>	N/A: <input type="checkbox"/>
Do you require an interpreter?			No: <input type="checkbox"/>	Yes: <input type="checkbox"/> if yes, list language: _____	
Summary: In only one or two sentences, complete the following statement: "I am complaining that..."					
Description of what happened					
<i>Be sure to include how you were directly affected by the incident. Identify the involved member's roles. Summarize statements as accurately as possible.</i>					

*Continue on to Page 2

Attach additional pages, if needed.

****PURSUANT TO SECTION 210.45 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****

Complainant's Signature

Date/ Time

To be completed by person receiving complaint:			
Complaint rec'd by:	<i>Print Name</i>	<i>Date/Time:</i>	<i>Location Rec'd</i>
How was Complaint Received?	<input type="checkbox"/> <i>In Person</i>	<input type="checkbox"/> <i>Mail</i>	<input type="checkbox"/> <i>Email</i> <i>Other:</i>
Photos or other evidence submitted by complainant?	<input type="checkbox"/> <i>-Yes (Must include a property receipt)</i> <input type="checkbox"/> <i>-No</i>	Was a copy of the completed form provided to complainant?	<input type="checkbox"/> <i>-Yes</i> <input type="checkbox"/> <i>-No</i>
To be completed by the Office of the Chief:			
Workflow Signatures:	<i>Referred to:</i> <input type="checkbox"/> <i>Platoon Supervisor</i> <input type="checkbox"/> <i>IAB</i> <input type="checkbox"/> <i>Other:</i>		
IAB (if assigned)	<i>Chief of Police</i>	<i>Date Received</i>	
IAB (if assigned)	<i>IAB Received:</i> _____	<i>IAB #:</i> _____	<i>Inv:</i> _____