



TOWN OF POUGHKEEPSIE POLICE DEPARTMENT

19 TUCKER DRIVE, POUGHKEEPSIE, NY 12603

(845) 485-3666

Civilian Complaint Form

Procedure

1. Meet with officer's immediate supervisor or supervisor on-duty and fill out the attached form.
2. Complete the Civilian Complaint form and return (in a sealed envelope) to the attention of the Chief of Police or designee.

Note

- A. You may wish to consult with your attorney prior to filing a complaint.
- B. Once your complaint has been received, the Police Department will notify you in writing.

COMPLAINT PROCESS



SEE PAGE #2



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Procedures Continued

FREQUENTLY ASKED QUESTIONS

Q. What happens after I make a complaint?

A. Upon receipt of your complaint it will be logged and recorded. You will be notified of the initiation of a formal investigation.

Q. Can I be assured that my complaint will be taken seriously?

A. Although we cannot guarantee that you will be satisfied, we assure you that your complaint will be investigated thoroughly, fairly and impartially.

Q. What happens to an employee if he or she is found to have acted improperly?

A. Some instances require disciplinary action which may include verbal or written reprimands, remedial training, suspension, demotion or dismissal. If a criminal act occurred, the District Attorney's investigative process will follow.

Q. Will I be advised of what form of discipline, if any, was taken?

A. New York State Civil Service Law does not allow us to reveal the specific actions taken to discipline employees.

MAKING A COMMENT

A formal complaint may be made to any member of the Police Department who will immediately report the matter to a supervisor. All complaints will be kept confidential.

Formal complaints will be classified as either serious or of a less serious nature. The employee's immediate supervisor may handle less serious complaints.

Serious complaints such as criminal misconduct or violations of civil rights will be referred to the office of the Chief of Police. All complaints are notified in writing of the disposition of their complaint.

FINDINGS

The disposition of all serious complaints are classified under the following:

Unfounded: Complaint or incident is false or non-factual.

Exonerated: Complaint or incident did occur but our personnel's actions were lawful and proper.

Not Sustained: The complaint or incident is not supported by sufficient evidence of misconduct department personnel.

Sustained: The complaint or incident is supported by sufficient evidence of misconduct department personnel.



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Name of Complainant:			E-mail:		
Street Address:		City:		State: Zip:	
Phone # (Residence):		Phone # (Work):		Phone # (Cell):	
Date of Incident:		Time of Incident:		Were you arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Incident:					
Name of employee(s) against whom complaint is being filed or other identifying information					
Name:			Description:		
Rank:	Vehicle #	Badge #	Supervisor contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name:		
Name:			Description:		
Rank:	Vehicle #	Badge #	Supervisor contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name:		
Witnesses (Use reverse for additional names)					
Name:					
Address:					
Phone # (Residence):		Phone # (Work):		Phone # (Cell):	
Name:					
Address:					
Phone # (Residence):		Phone # (Work):		Phone # (Cell):	
Statement of allegation: (to be completed by complainant):					
<i>Use reverse for additional narrative</i>					
Were you injured? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was anyone notified of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who?			
Name of hospital/doctor:					
Describe injury / type of force used:					
I understand that this statement of complaint will be submitted to the Town of Poughkeepsie Police Department and may be the basis of an investigation. I state that the facts contained herein are accurate and true to the best of my knowledge and belief. This statement has been made by me voluntarily without persuasion, coercion or promise of any kind.					
I understand that the employee against whom this complaint is filed may be entitled to a hearing. I further agree to appear at any such hearing and I agree to testify under oath concerning all matters relevant to this complaint.					
NOTE: FALSE STATEMENTS MADE HERIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.					

_____ Date
 Complainant Signature

Refused to Sign _____ Date
 Refusal Witness Signature

Sworn to me this _____ day
 of _____, 20 ____.
 Signature _____
 Title _____

Office Use Only
 Date/Time Complaint Received _____
 Received By: _____
 Received via: Mail Fax In Person