



# TOWN OF POUGHKEEPSIE POLICE DEPARTMENT

A Civilian Complaint form should be used to report sexual abuse and/ or sexual harassment on behalf of an individual in custody.



# TOWN OF POUGHKEEPSIE POLICE DEPARTMENT

## Civilian Complaint Form

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:					
<b>Name of employee(s) against whom complaint is being filed or other identifying information</b>					
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:		
<b>Witnesses (Use reverse for additional names)</b>					
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.					
<b>NOTE: FALSE STATEMENTS MADE HERIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.</b>					

\_\_\_\_\_ Sworn to me this \_\_\_\_\_ day  
 \_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_.  
 \_\_\_\_\_ Signature \_\_\_\_\_  
 \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Complainant Signature \_\_\_\_\_ Date \_\_\_\_\_

Refused to Sign \_\_\_\_\_ Refusal Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

*Office Use Only*  
 Date/Time Complaint Received \_\_\_\_\_  
 Received By: \_\_\_\_\_  
 Received via:  Mail  Fax  In Person