

# ALLEGANY POLICE DEPARTMENT COMPLAINT AGAINST POLICE PERSONNEL

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    First                    Mi                    Last

ADDRESS: \_\_\_\_\_  
                    Number and Street                    City                    State                    Zip Code

PHONE: (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ Best Time to contact you: AM / PM  
                    Home/Cell                    Work

This Statement is given by: (\_\_\_\_) Aggrieved Party (\_\_\_\_) Witness

### WITNESSES TO INCIDENT

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    First                    Mi                    Last

ADDRESS: \_\_\_\_\_  
                    Number and Street                    City                    State                    Zip Code

PHONE: (\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_  
                    Home/Cell                    Work

### COMPLAINT INCIDENT

INCIDENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ INCIDENT TIME AM / PM INCIDENT # (If Known) \_\_\_\_\_

LOCATION: \_\_\_\_\_

NAME / BADGE-ID NUMBER / OF ACCUSED OFFICER(S), IF KNOWN OR DESCRIPTION  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DETAILS OF COMPLAINT (Use next page or attach additional pages if necessary)

The Allegany Police Department is required to advise you that knowingly making false statements is punishable as a Class "A" Misdemeanor pursuant to Sec. 210.45 of the Penal Law of the State of New York.

Department Use Only: \_\_\_\_\_ Received On: \_\_\_\_\_ Received By: \_\_\_\_\_  
( ) Procedural ( ) Minor ( ) Serious ( ) ( ) For Village Board Review  
CC: \_\_\_\_\_ Referred To: \_\_\_\_\_

