CORTLAND POLICE DEPARTMENT
25 Court Street, Cortland, NY 13045
email:police@cortland.org

PERSONNEL/DEPARTMENT COMPLAINT FORM

Date of Incident:	Day of Incident:	Time of Incident:	Location of Incident:
Nature of Complaint:		If Other, please explain:	
Complainant:		Date of Birth:	
Address:	City:	State:	Zip Code:
Telephone No. - Home:	Work:	Other:	
Occupation:	Employer:		

1. Details of Incident:

2. Personnel Complained Of: (NAME OR GIVE PHYSICAL DESCRIPTION, BADGE NO., CAR NO., ETC.)

3. Witness Info: (NAME, AGE, ADDRESS, TELEPHONE, EMPLOYER, ETC.)

NOTE: 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 HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR.
I CERTIFY THAT THE FACTS CONTAINED HEREIN ARE TRUE AND CORRECT.

Complainant Signature: Printed: Date: ___/___/___

Reporting Officers Signature: ID# _____ I

THE CORTLAND POLICE DEPARTMENT ENCOURAGES CITIZENS TO REPORT LEGITIMATE COMPLAINTS AGAINST EMPLOYEES OR THE DEPARTMENT. AS A RESULT, A THOROUGH, IMPARTIAL AND CONFIDENTIAL INVESTIGATION WILL BE CONDUCTED. IF THIS COMPLAINT LEADS TO A FORMAL CHARGE AGAINST THE OFFICER, YOU MAY BE ASKED TO PARTICIPATE IN THE HEARING OR ARBITRATION PROCESS.

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Complainant's Allegations:

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Continue on additional form if more space is needed and attach.

I have read this statement consisting of _____pages and the facts contained herein are true and correct. I understand that making a false statement is punishable as a class A Misdemeanor pursuant to 210.45 of the Penal Law of the State of New York.

Subscribed and sworn to before me
this_____day of_____,_____

_____
Police Officer

_____
Title

Affirmed under penalty of perjury this_____day of_____
_____.

Signed by:_____

Witness: _____

Witness: _____