

**PERSONNEL COMPLAINT FORM**  
WHITE PLAINS POLICE DEPARTMENT

DATE OF REPORT: \_\_\_\_\_

COMPLAINT NUMBER \_\_\_\_\_

COMPLAINANT'S NAME	ADDRESS	PHONE

DATE AND TIME RECEIVED: \_\_\_\_\_

COMPLAINT RECEIVED BY: \_\_\_\_\_ HOW RECEIVED: \_\_\_\_\_

DATE AND TIME OF OCCURRENCE: \_\_\_\_\_

LOCATION OF OCCURRENCE: \_\_\_\_\_

OFFICER(S) INVOLVED: NAME	RANK	SHIELD NUMBER

WITNESSES: NAME	ADDRESS	PHONE

**STATEMENT OF COMPLAINT:**

In making this complaint I agree to be available for any Department Trial or Hearing as may come due. I further understand that the making of a false statement in this instrument is punishable as a Class "A" Misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York.

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Notary Public: Westchester County: State of New York