

**PERSONNEL COMPLAINT FORM**

WHITE PLAINS POLICE DEPARTMENT

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

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

**\*The Department does not require a complainant's name or contact information, nor does it require the form to be notarized or signed in order to be investigated.\***

BEST CONTACT

COMPLAINANT'S NAME	ADDRESS	PHONE / CELL / E-MAIL

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:** \_\_\_\_\_

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**Notice:** 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.

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