

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:

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.

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.

Sworn to before me this _____ day
of _____

Signature of Complainant

Notary Public: Westchester County: State of New York