**COMPLAINT FORM**



**DEPARTMENT OF SAFETY and SECURITY**

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| --- |
| Name of Complainant: |
| Address: |
| Phone Numbers: Home: Work: Cell: |
| Name of Officer(s) against whom complaint is being filed or other identifying information:Name: Rank: ID#:Physical Description if name unknown: |
| Vehicle Plate#: |
| Name(s)/Address/Phone or other identifying information concerning witness(es) |

**Statement of Allegation:**

The facts contained herein are accurate and true to the best of my knowledge and belief. My statement has been made voluntarily without persuasion, coercion or promise of any kind.

I understand that this Complaint Form may form the basis for an investigation. If disciplinary action is imposed on the officer(s) involved, that officer or officers may be entitled to a hearing and I may be called upon to testify to matters relevant to the allegations contained in this Complaint Form or the subsequent investigation.

I hereby affirm that these statements are true to the best of my knowledge and belief.

                                   day of                                                                               20

 *Signature of Complainant*

 *Print Name*

*Signature of Person Receiving Complaint*

 *Print Name*

***\*Return to Safety & Security Department Supervisor-On-Duty, 2500 New Hackensack Road. Office Phone: (845) 437-5200, Monday to Friday from 8:30 am to 4:30 pm or Sergeants Phone: (845) 437-5203.***