

CIVILIAN COMPLAINT REPORT

VILLAGE OF OSSINING POLICE DEPARTMENT

Time	Date Reported	How Report Made Person Mail Phone	Supervisor Taking Report (Name, Badge#)	Complaint Number
Complainant's Surname		First	Initial	Home Telephone
Address (#, Street, City/Town, Zip Code)				Work Telephone
Representative/Interpreter		Address (#, Street, City/Town, Zip Code)		Telephone
Name of Member Complained Against, If Unknown - Description				
Time	Date of Occurrence	Location		
Witness(es)	List all Witnesses	Address (#, Street, City/Town, Zip Code)	Relationship	Telephone

DETAILS: In complainant's handwriting if possible / use additional sheets if needed

(Do not write on back of form)

NOTICE: PURSUANT TO THE PENAL LAW, SECTION 210.45, IT IS A CRIME PUNISHABLE AS A CLASS A MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN, IF YOUR CHARGE SHOULD BE DETERMINED TO BE UNFOUNDED, MALICIOUS AND / OR FALSE, THE SUBJECT OFFICER HAS THE RIGHT TO COMMENCE A CIVIL SUIT AGAINST YOU.

COPY OF REPORT TO BE FURNISHED TO COMPLAINANT. AT COMPLAINANT'S CHOICE, THIS REPORT MAY BE FILED WITH THE CIVILIAN POLICE COMPLAINT REVIEW BOARD, POLICE COMMUNITY RELATIONS COUNCIL, THE OSSINING POLICE DEPARTMENT OR ALL OF THE ABOVE.

Signature - Complainant	Date	Signature - Witness	Date
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