TOWN OF CRAWFORD POLICE DEPARTMENT
PERSONNEL COMPLAINT

The Town of Crawford Police Department encourages citizens to report legitimate complaints against employees of this Department. As a result, a thorough, impartial and confidential investigation will be conducted. If this complaint leads to a formal charge against the employee, you will be asked to participate in the hearing and/or arbitration process.

Date of Report:		Time:		Event No.:	Case No.: (If Applicable)
Type of Complaint:	**External**	**Internal**	**Other**	If Other, please explain:	
How Received:	**Phone**	**Walk-In**	**Other**	If Other, please explain:	
Date of Incident:		Day of Incident:			Time of Incident:
Location of Incident:				Nature of Complaint:	

Complainant:			Date of Birth:
Address:	City:	State:	Zip Code:
Home Phone #:	Work Phone#:		Other Phone #:
Employer:		Occupation:	
Employer's Address:		Employer Telephone No.:	

Details of Incident: (ADDmONAL SPACE AVAILABLE ON BACK OF FORM. IF NEEDED)

Personnel Complained Of: (NAME OR PHYSICAL DESCRIPTION, BADGE#, CAR#, ETC.)

Witness Info: (NAME, D.O.B., ADDRESS, TELEPHONE NUMBERS, ETC.)

NOTE: PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK, ANY INCORRECT OR FALSE STATEMENT ATTRIBUTED TO YOU AND CONTAINED HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR.

Reporting Officer's Signature | Location Report Taken | Complainant's Signature | Date

ADMINSTRATIVE USE ONLY

Reviewed by _____ _____
Name Rank Shield No.

Date Reviewed: _ _ _ _ _ _ _ _ **TCPD#:** _ _ _ _ _ _ _ _

No Further Action Needed: ___

Investigation Assigned To: _____

Details of Incident: (CONTINUED)

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Reporting Officer's Signature Location Report Taken Complainant's Signature
Date