

VILLAGE OF MOHAWK POLICE DEPARTMENT PERSONNEL COMPLAINT FORM

THE MOHAWK 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 OFFICER(S), YOU WILL BE ASKED TO PARTICIPATE IN THE HEARINGS OR ARBITRATION PROCESS.**

Date of Report: _____ Time: _____ Shift: (circle one) Day (B) / Night (A) Case # (if known) _____
 Type of complaint _____ Related case Number(s): _____
 How received: _____ If other, please explain: _____
 Date of incident: _____ Day of incident: _____ Time of incident: _____
 Location of incident: _____
 Nature of complaint: _____ If other, please explain: _____

Complainant: _____ D.O.B. _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Telephone - Home: _____ Work: _____ Other: _____
 Occupation _____ Employer _____
 Employer address: _____ Employer phone _____

Details of incident: _____

Personnel complained of: (Name or give description, Badge #, Car #, etc.)

Witness info: (Name, D.O.B. Address, Phone, Employer, 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.

Complainant's signature _____ Date _____

ADMINISTRATIVE USE ONLY	
Reviewed by: _____ Date: _____ Name & Rank	<input type="checkbox"/> No Further Action
Complainant notified of disposition by: _____ Date: _____ Name & Rank	<input type="checkbox"/> Investigation assigned