

# VILLAGE OF MAMARONECK POLICE DEPARTMENT

## PERSONNEL COMPLAINT REPORT

I.A. NO. \_\_\_\_\_

DATE / TIME REPORTED \_\_\_\_\_

Allegations of [  ] Non-Disciplinary [  ] Non-Punitive [  ] Undetermined

Manner Complaint Taken: [  ] In Person [  ] Letter [  ] Telephone

Location of Occurrence: \_\_\_\_\_ Date/ Time Occurred: \_\_\_\_\_

Employees : 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Involved

CODE: C = Complainant    W = Witness    O = Other

Code: \_\_\_\_\_ Name: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Code: \_\_\_\_\_ Name: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Complaint:

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**Notice:** Pursuant to the New York State Penal Law Section 210.45, it is a crime punishable as a Class A Misdemeanor to knowingly make a false statement herein.

Supervisor

Complainant

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Original—Department Copy  
Canary—Complainant Copy  
Pink—Employee Copy

Signature: \_\_\_\_\_

Employee Notified [  ] Date: \_\_\_\_\_

VILLAGE OF MAMARONECK POLICE DEPARTMENT  
PERSONNEL COMPLAINT  
SUPPLEMENTAL REPORT

I.A. NO. \_\_\_\_\_

DATE / TIME REPORTED \_\_\_\_\_

[Lined area for supplemental report content]

**Notice:** Pursuant to the New York State Penal Law Section 210.45, it is a crime punishable as a Class A Misdemeanor to knowingly make a false statement herein.

Supervisor

Complainant

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Original—Department Copy  
Canary—Complainant Copy  
Pink—Employee Copy

Signature: \_\_\_\_\_

Employee Notified [ ] Date: \_\_\_\_\_