



**GENEVA POLICE DEPARTMENT**

***Every citizen has the right to file a complaint, in good faith, with an honest belief that an employee of the Geneva Police Department acted improperly. Complaints of alleged misconduct will be subjected to a thorough, timely, and impartial investigation. At the conclusion of the investigation and review by the Chief of Police, you will be notified of the results by mail.***

Date of complaint: \_\_\_\_\_

**COMPLAINANT**

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

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work address: \_\_\_\_\_

**INCIDENT:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Nature of complaint (select one): FORCE  PROCEDURE  COURTESY  CONDUCT

**OFFICER(S):**

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_

If officer name is unknown please give us a detailed description:  
\_\_\_\_\_

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_

If officer name is unknown please give us a detailed description:  
\_\_\_\_\_

**WITNESS (ES):**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Were you arrested as a result of this incident: Yes  No

- If yes, what charge?: \_\_\_\_\_ Date: \_\_\_\_\_

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Are you willing to appear and give testimony under oath? Yes  No

**COMPLAINT** – state the exact circumstances of the complaint

I understand the statement of complaint will be submitted to the Geneva Police Department and may be the basis for further investigation. Further, I declare the facts contained herein are accurate to the best of my knowledge and belief. Further, I declare that my statement has been made by me voluntarily without persuading, coercion or promise of any kind.

**\*\* False statements herein are punishable as a Class A Misdemeanor to Section 210.45 of the Penal Law. Accordingly and with notice of the foregoing I hereby affirm the foregoing statements are true. \*\***

Signature of complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Title: \_\_\_\_\_

<b>Administrative use only:</b>	GPD CR NO.: _____
Reviewed by: _____	Date: _____
<b>Action Required:</b> <input type="checkbox"/> No Further Action <input type="checkbox"/> Investigation -Assigned to: _____	