


Please fill out this form with as much of your personal information as you choose.
 You may file anonymously (skip past the double line).

<h1 style="margin: 0;">COMPLAINT FORM</h1> <p style="margin: 0;">City of Geneva, New York Police Review Board</p> <p style="margin: 0;">[po box] 47 Castle Street Geneva NY 14456 [phone number] [website] geneva.prb@gmail.com</p> <div style="text-align: center;">  </div>		<p style="text-align: right; margin: 0;"><i>To Be Completed by PRB</i></p> <p style="margin: 0;">PRB Tracking Number</p> <p style="margin: 0;">Date & Time Complaint Received</p> <p style="margin: 0;">Initially Received:</p> <p style="margin: 0;"><input type="checkbox"/> In Person</p> <p style="margin: 0;"><input type="checkbox"/> Email</p> <p style="margin: 0;"><input type="checkbox"/> US Mail</p> <p style="margin: 0;"><input type="checkbox"/> Web Form</p> <p style="margin: 0;"><input type="checkbox"/> Other (specify):</p>			
A. Your Name — Last, First, Middle (if anonymous, skip to #1)		B. Date of Birth <input type="checkbox"/> I am under 18 years of age		C. Gender	D. Race or Ethnicity
E. Home Address (and/or Ward Number)		F. Home Telephone Number		G. Preferred Time to Be Contacted	
H. Preferred Language (if other than English)	I. Email Address		J. Cell Number	K. Preferred Way to Be Contacted	
1. What is your relationship to the incident? (witness, wronged party, etc.)			2. Have you submitted a complaint about this incident before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, to whom:		
3. If you are working through a lawyer, please provide their contact information here: <i>(Please inform the PRB if at any time this incident becomes the subject of litigation.)</i>			4. If anyone is helping prepare this complaint for you, that person's name here:		
5. Date of Incident Day of Week:	6. Time of Incident (am/pm)	7. Location of Incident		8. Police Vehicle #/Description	
9. Number of Officer(s) Involved and Their Name(s) and Badge Number(s), if Known					
10. Physical Description of Officer(s) (hair and eye color, height, sex, race/ethnicity, etc., especially if name(s) unsure or unknown)					
11. Number of Other People Present During Incident &, if Known, Their Name(s), Telephone Number(s) & Contact Info. (including other police officers)					
12. Describe injuries you sustained, or observed suffered by others (if any):			13. If Treated, Where? (name of hospital, doctor, etc.)		
14. Type of Complaint (check any that you believe apply)					
<input type="checkbox"/> Discourtesy	<input type="checkbox"/> Improper Use of Force	<input type="checkbox"/> Improper Arrest/Detention/Citation/Pursuit		<input type="checkbox"/> Retaliation	
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Improper Search/Seizure	<input type="checkbox"/> Inadequate/Improper Investigation		<input type="checkbox"/> Other (describe on next page)	
<input type="checkbox"/> Harassment	<input type="checkbox"/> False/Misleading Information	<input type="checkbox"/> Improper Police Procedure (describe on next page)			

