



**Troy Police Department**  
**Compliment / Complaint Form**  
55 State Street  
Troy, NY 12180

*Office Use Only:*

ISB#: \_\_\_\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Instructions:** If you would like to praise a Troy Police Department employee, or file a complaint against a police employee, please write legibly and fill out this form. Personal information will not be disclosed to the public, unless required by law. You can submit this form by mailing or returning it to the Troy Police Department at the address given at the top of this page.

**I wish to file a (please check one):**

☐ **Compliment**

☐ **Complaint**

**If you are filing a complaint, indicate the type of complaint you wish to file (you must check one):**

☐ **Formal Complaint:** Involves a serious allegation of misconduct, and I want my complaint officially investigated, for which discipline may be imposed, if the allegation(s) are sustained.

☐ **Informal Complaint:** Involves a minor complaint or concern, and I only want my complaint/concerns on record. I understand it will be for informational purposes only, will not be formally investigated. However the matter will be discussed with the employee(s) involved.

**Information about you**

LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH / /
STREET ADDRESS and APT#		CITY		STATE	ZIP CODE
HOME PHONE ( ) -	WORK PHONE ( ) -	CELL PHONE ( ) -		SEX	<input type="radio"/> MALE <input type="radio"/> FEMALE

**Are you filing this on behalf of someone else?** ☐ Yes ☐ No *If Yes, then complete this section*

WHAT IS HIS/HER LAST NAME?	FIRST NAME	AGE	SEX	<input type="radio"/> MALE <input type="radio"/> FEMALE
STREET ADDRESS and APT#	CITY	STATE	ZIP CODE	
WHAT IS HIS/HER RELATIONSHIP TO YOU?	HOME PHONE ( ) -	WORK / CELL PHONE ( ) -		

**Information about the incident**

LOCATION OR ADDRESS OF INCIDENT		DATE OF INCIDENT / /	TIME OF INCIDENT : AM / PM	
WITNESS LAST NAME	FIRST NAME	AGE	SEX	<input type="radio"/> MALE <input type="radio"/> FEMALE
WITNESS ADDRESS	CITY	STATE	PHONE ( ) -	
NAME OR ID# OF OFFICER OR EMPLOYEE		NAME OR ID# OF OFFICER OR EMPLOYEE		

**Nature of action: Check all that apply (date & sign it)**

<input type="checkbox"/> Extremely helpful	<input type="checkbox"/> Excessive and/or improper use of force	<input type="checkbox"/> Rudeness, discourtesy, and offensive language
<input type="checkbox"/> Very caring/empathetic	<input type="checkbox"/> False arrest	<input type="checkbox"/> Violation of civil rights
<input type="checkbox"/> Professional conduct	<input type="checkbox"/> Unlawful search and/or seizure	<input type="checkbox"/> Bias-based profiling
<input type="checkbox"/> Did a great job	<input type="checkbox"/> Dishonesty and untruthfulness	<input type="checkbox"/> Department procedures or tactics
<input type="checkbox"/> Made an extra effort	<input type="checkbox"/> Corruption	<input type="checkbox"/> Other

**I attest that the above information and my statement is true and correct to the best of my recollection**

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ **The citizen has received a copy of this page.**

\_\_\_\_\_  
Officer's ID#



**Troy Police Department**  
**CITIZEN COMPLAINT NARRATIVE FORM**

My Name \_\_\_\_\_

Address \_\_\_\_\_

**Describe in your own words your complaint**

Certification: I certify that the information provided above is true and accurate. I understand that any false statement given by me may be punishable by law (NYS Penal Law Section 210).

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

**RECEIPT**

This receipt is to certify that on \_\_\_\_\_ I received this *Complaint Narrative Form*  
from \_\_\_\_\_ Name of person receiving \_\_\_\_\_

# Compliments and Commendations

*Compliments and Commendations, either verbal or written, are one of the best ways to let our officers know that you appreciate their good work and extraordinary service. Use the comments box below to describe your positive compliment regarding a Police staff member(s).*

Comments

**FOR DEPARTMENT USE ONLY: To be completed by the Officer in Charge of the unit receiving or initiating a complaint**

<input type="checkbox"/>	CATEGORY	DESCRIPTION
⑨	LEVEL I	Include, but are not limited to, issues such as general complaints about receiving a summons or dissatisfaction with the quality/type of service provided.
⑨	LEVEL II	Considered more serious than Level I, this category generally relates to such issues including but not limited to an officer's/civilian employee's demeanor, courtesy, lack of effort, curtness or triteness, etc.
⑨	LEVEL III	This classification involves serious issues such as abuse of power, excessive force, intentional bias, improper/unjustified arrest, gross misconduct, etc.
⑨	LEVEL IV	Composed of complaints alleging criminal conduct such as bribery, theft, perjury, narcotics violations, civil rights violations, etc.

*Signature of Sergeant or Officer receiving / initiating the complaint*

OFFICER: \_\_\_\_\_ ID#: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Forward this report to the on duty Officer in Charge for review**

*Signature of Officer in Charge*

OFFICER: \_\_\_\_\_ ID#: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Forward this report to the Chief of Police**

*To be completed by the Chief of Police*

<input type="checkbox"/>	CASE ASSIGNED TO	DATE ASSIGNED	DATE COMPLETED
⑨	UNIT / SHIFT LEVEL		
⑨	INSPECTIONAL SERVICE BUREAU		
⑨	NO INVESTIGATION NEEDED (Level I only)		
⑨	COMPLIMENT ONLY		

*To be completed by the Chief of Police*

<input type="checkbox"/>	FINDING	DATE COMPLETED
⑨	EXONERATED	
⑨	UNFOUNDED	
⑨	NOT SUSTAINED	
⑨	SUSTAINED	
⑨	COMPLAINT WITHDRAWN	
	COMPLIMENT ONLY	
	INFORMAL COMPLAINT/INFORMATION ONLY	

*Signature of Chief of Police*

CHIEF OF POLICE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_