



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

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: _____ / _____ / _____