

IAD TRACKING #: _____

THE GREECE POLICE DEPARTMENT ENCOURAGES CITIZENS TO REPORT LEGITIMATE COMPLAINTS AND TO SUBMIT CONSTRUCTIVE CRITICISM OF THIS DEPARTMENT. AS A RESULT, A THOROUGH AND IMPARTIAL INVESTIGATION WILL BE CONDUCTED.

GREECE POLICE DEPARTMENT CITIZENS COMPLAINT FORM

COMPLAINT CR# _____ DATE / TIME COMPLAINT FORM COMPLETED _____

COMPLAINANT _____ BIRTHDATE _____

ADDRESS _____ ZIP _____

TELEPHONE (HM) _____ (CELL) _____ EMPLOYER _____

DATE OF INCIDENT COMPLAINED OF _____ TIME _____

LOCATION OF INCIDENT _____ INCIDENT CR# _____

TYPE OF COMPLAINT _____

COMPLAINT:

Witness Information (name, address, telephone, etc):

NOTE: PERSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK, ANY INCORRECT OR FALSE STATEMENT ATTRIBUTED TO YOU AND CONTAINED HEREIN IS PUNISHABLE AS A CLASS A MISDEMEANOR.

COMPLAINANT SIGNATURE: _____

WHERE RECEIVED: _____ DATE _____

RECEIVED BY: _____

RECEIVED BY: NAME / RANK AND IBM NO.

Form # IN-500