

CITIZENS COMPLAINT FORM

BUFFALO POLICE DEPARTMENT

PSD # \_\_\_\_\_

COMPLAINANTS NAME	ADDRESS	CITY	ZIP CODE	T E L	RES. BUS.
LEGAL GUARDIAN (IF JUVENILE)	ADDRESS	CITY	ZIP CODE	RELATIONSHIP	

COMPLAINANTS SSN \_\_\_\_\_ DOB. \_\_\_\_\_ ALLEGATION: \_\_\_\_\_

ADDRESS OF OCCURENCE	DIST. OF OCCURENCE	UNIT	DATE OF OCCURENCE	TIME OF OCCUR.
OFFICER	OFFICER	VEHICLE NO.	PCT / UNIT	

DATE REPORTED \_\_\_\_\_ INTAKE SUPERVISOR \_\_\_\_\_ PCT / UNIT \_\_\_\_\_ ATTACHMENTS:  YES  NO

ARREST  YES  NO APPEARANCE TICKET  YES  NO CHARGES 1. \_\_\_\_\_

FORCE USED  YES  NO INJURED  YES  NO MEDICAL TREATMENT  YES  NO 2. \_\_\_\_\_

TREATED AT : \_\_\_\_\_ FOR : \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_

TYPE OF FORCE	<input type="checkbox"/> NONE <input type="checkbox"/> SHOVE / PUSH <input type="checkbox"/> SLAP <input type="checkbox"/> NIGHTSTICK <input type="checkbox"/> DRAGGED / PULLED <input type="checkbox"/> PUNCH / KICK <input type="checkbox"/> STRUCK W / GUN <input type="checkbox"/> CHEM.
	<input type="checkbox"/> GUN REMOVED FROM HOLSTER <input type="checkbox"/> GUN POINTED <input type="checkbox"/> GUN FIRED <input type="checkbox"/> OTHER :
INJURY	<input type="checkbox"/> REDNESS <input type="checkbox"/> EYE IRRITATION <input type="checkbox"/> BRUISED <input type="checkbox"/> STICHES REQUIRED <input type="checkbox"/> GUN SHOT WOUND <input type="checkbox"/> DEATH
	<input type="checkbox"/> NOT SPECIFIED <input type="checkbox"/> SWELLING <input type="checkbox"/> FRACTURE <input type="checkbox"/> BURN <input type="checkbox"/> LACERATION <input type="checkbox"/> BREATHING <input type="checkbox"/> OTHER:
DISPUTED CONDUCT	<input type="checkbox"/> PERSON SEARCHED <input type="checkbox"/> PREMISES SEARCHED <input type="checkbox"/> SEIZED PROPERTY <input type="checkbox"/> SUMMONS <input type="checkbox"/> ARREST <input type="checkbox"/> MISSING PROPERTY
	<input type="checkbox"/> VEHICLE SEARCHED <input type="checkbox"/> PROPERTY DAMAGED <input type="checkbox"/> DETENTION <input type="checkbox"/> PHYSICAL THREAT <input type="checkbox"/> THREAT OF ARREST
DISCOURTESY / POOR SERVICE	<input type="checkbox"/> RUDE GESTURE <input type="checkbox"/> PROFANE WORDS <input type="checkbox"/> CURSE <input type="checkbox"/> GAY / LESBIAN SLUR <input type="checkbox"/> REFUSED REPORT <input type="checkbox"/> OTHER:
	<input type="checkbox"/> RUDENESS <input type="checkbox"/> SEXIST REMARK <input type="checkbox"/> ETHNIC / RACIAL SLUR <input type="checkbox"/> RESPONSE TIME <input type="checkbox"/> NO RESPONSE

BRIEF NARRATIVE ( Include Witnesses )

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I have read this statement [ ], I have had this statement read to me [ ], which I have made of my own free will and the facts contained therein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Supervisor's ( Witness )

**DO NOT WRITE HERE** PROFESSIONAL STANDARDS DIVISION **DO NOT WRITE HERE**

CASE OPENED  YES  NO INVESTIGATOR \_\_\_\_\_ PSD# \_\_\_\_\_

Complainant's Name \_\_\_\_\_

Phone: \_\_\_\_\_ Home

Phone: \_\_\_\_\_ Cell

Investigator \_\_\_\_\_

[Area with horizontal lines for text entry]

I have read this statement [ ], I have had this statement read to me [ ], which I have made of my own free will and the facts contained therein are true and correct to the best of my knowledge.

Signature of Complainant

Supervisor's (Witness)



Confidential Tip Line: 847-2255

# BUFFALO POLICE DEPARTMENT

Mayor Byron W. Brown

Commissioner Daniel Derenda

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## Citizen Complaint Form

# Citizen Complaint Form

Name

 

First Last

Date of Report

 /  /  

MM DD YYYY

Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Date of Birth

 /  /  

MM DD YYYY

Phone Number

 -  - 

### ### ####

Legal Guardian (If Complainant is a Juvenile)

 

First Last

Date and Time of Occurance

Buff.Doc.Pro 001219

Date and Time of Occurrence

Police Officers Names and Vehicle Numbers

Location of Occurrence

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Allegation and Description of Incident

There are tons of [Wufoo features](#) to help make your forms awesome.

