

**STONY POINT POLICE DEPARTMENT  
REPORT OF COMPLAINT AGAINST POLICE PERSONNEL**

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s):    Residence \_\_\_\_\_    Cell \_\_\_\_\_

Date and time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Name of officer(s) or employee(s) against whom complaint is being filed, or other identifying marks (car number, badge number, etc.):

Rank \_\_\_\_\_                      Name \_\_\_\_\_

Vehicle \_\_\_\_\_                      Badge \_\_\_\_\_

Name(s)/address(es)/phone number(s) or other identifying information concerning any witnesses, if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of allegation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(If additional space is needed, please continue your allegation on page two.)*

I understand that this statement of complaint will be submitted to the Stony Point Police Department and may be the basis for an investigation. Further, I declare and affirm that the facts contained herein are complete, accurate and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion or promise of any kind.

I understand that, under the regulations of the department, the officer(s)/employee(s) against whom this complaint is filed may be entitled to request a hearing before a Board of Inquiry. By signing and filing this complaint, I hereby agree to appear before a Board of Inquiry if requested by the officer(s)/employee(s), and to testify under oath concerning all matters relevant to this complaint.

False statements made in the foregoing instrument are punishable as a Class A Misdemeanor pursuant to section 210.45 and/or 175.30 of the Penal Law. Accordingly and with notice of the foregoing, I hereby affirm that the foregoing statements are true under penalty of perjury.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

\_\_\_\_\_  
Date

Check if Complainant Refused to Sign \_\_\_\_\_

Incident #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Receiving Complaint

\_\_\_\_\_  
Date & Time Received

