

# Town of Stockport, NY Police Department

Office of Professional Standards

## COMPLAINT FORM

**\*\*Your name and contact information is required.** Any anonymous or incomplete forms will **not** be accepted. Please fill out as much information as possible, and be as detailed as you can when completing this form\*\*

**Name of Individual filing complaint** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Email Address** \_\_\_\_\_

### Optional Information:

The following information is being collected for statistical purposes and is entirely optional. The completion of this information will not in any way affect the outcome of the investigation.

Gender \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Occupation \_\_\_\_\_

### Identification of Stockport Police Officer(s) involved in incident, if known:

Name \_\_\_\_\_ Shield No. \_\_\_\_\_ Vehicle # \_\_\_\_\_

Description of Employee: Gender: \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Uniformed? \_\_\_\_\_

Name \_\_\_\_\_ Shield No. \_\_\_\_\_ Vehicle # \_\_\_\_\_

Description of Employee: Gender: \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Uniformed? \_\_\_\_\_

### Witnesses to the incident and/or individuals with relevant knowledge. Provide Names, Addresses and Phone Numbers

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