



THE NYS UNIVERSITY POLICE DEPARTMENT ENCOURAGES CITIZENS TO REPORT LEGITIMATE COMPLAINTS AGAINST EMPLOYEES OF THIS DEPARTMENT. AS A RESULT, A THOROUGH, IMPARTIAL AND CONFIDENTIAL INVESTIGATION WILL BE CONDUCTED. IF THIS COMPLAINT LEADS TO A FORMAL CHARGE AGAINST THE OFFICER, YOU WILL BE ASKED TO PARTICIPATE IN THE HEARING OR ARBITRATION PROCESS.

Date of Report:	Time:	Log No.:	Case Number: (If Applicable)
Type of Complaint:		Duty Status:	
How Received:		If Other, please explain:	
Date of Incident:	Day of Incident:	Time of Incident:	
Location of Incident:			
Nature of Complaint:		If Other, please explain:	

Complainant:		Date of Birth:	
Address:	City:	State:	Zip Code:
Home Phone:	Work Phone:	Other:	
Occupation:		Employer:	
Employer Address:		Employer Telephone No.:	

1. Details of Incident:
2. Personnel Complained Of: (NAME OR GIVE PHYSICAL DESCRIPTION, BADGE NO., CAR NO., ETC.)
3. Witness Info.: (NAME, AGE, ADDRESS, TELEPHONE, EMPLOYER, ETC.)

NOTE: PURSUANT 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.

Reporting Officer's Signature

Location Report Taken

Complainant's Signature

Date

ADMINISTRATIVE USE ONLY Reviewed By: _____ Name & Rank _____ Time _____ Date Reviewed: _____ Disposition: _____	<input type="checkbox"/> NO FURTHER ACTION <input type="checkbox"/> INVESTIGATION ASSIGNED TO: _____
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