



## Saratoga Springs Police Department Personnel Complaint



Part 1-Completed by SSPD personnel

1 Date complaint received:	Time received:	Received by (Rank & Name):	Complaint Control #
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**Complainant Information-** Part 2-5 completed by complainant

2 Name:	DOB	Race
Home address:	Home Tel	Cellular
Work address:	Work Tel	Fax Tel

**Witness Information--If applicable**

List name & address of each witness below	Telephone number(s)

**Incident Summary**

4 Complaint against(if known list all by name & rank-continue on page 2)	Other Department members present at incident (if applicable)		
Exact location of Incident	Incident date	Incident time	

\_\_\_\_\_  
Signature of complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

