

TPD120

PURGED FROM PERSONNEL FILE (DATE) _____

VILLAGE OF TUCKAHOE - POLICE DEPARTMENT

P.C.# _____ **PERSONNEL COMPLAINT** I.A.# _____

To: Chief of Police

Report Date/Time: _____

Manner Complaint Taken: { } In Person { } Letter { } Telephone

Complaint Received By: (Officer's Name) _____

PERSONNEL INVOLVED

1. _____ 2. _____ 3. _____

COMPLAINANT NAME: _____ SEX: _____ D.O.B. _____

Address _____ City _____ State _____ Zip _____

Phone: _____

INCIDENT REPORT To be completed by complainant

Date and Time of Incident: _____ Location of incident: _____

Alleged Incident (s): _____

(If additional space is needed continue on TPD120A Supplemental Report)

Notice: Pursuant to the New York State Penal Law Section 210.45, it is a crime Punishable as a Class A Misdemeanor to knowingly make a false statement herein.

Signature: _____
(Supervisor Receiving Report)

Complainant:
Print Name: _____

Signature _____

Complainant Notified { } Date _____

Employee Notified { } Date _____

