

GLOVERSVILLE POLICE DEPARTMENT

PERSONNEL COMPLAINT

Complainant's name:

dob:

address:

phone: (Home)

(Work)

Date reported:

Date of incident:

Time reported:

Time of incident:

Location of incident:

Officer(s) involved: (name)

(ID)

Class of complaint: (1) (2)

Type of complaint: (check appropriate box(es) below)

On duty:

- | | |
|---|---|
| <input type="checkbox"/> Inadequate service | <input type="checkbox"/> Serious misconduct |
| <input type="checkbox"/> Discourteous behavior | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Improper procedure | <input type="checkbox"/> Accepting gratuities |
| <input type="checkbox"/> Excessive use of force | <input type="checkbox"/> Corruption |
| <input type="checkbox"/> False arrest | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Rudeness |
| <input type="checkbox"/> General appearance | <input type="checkbox"/> General performance |
| <input type="checkbox"/> Other | |

Off duty:

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Misconduct | <input type="checkbox"/> Criminal |
|-------------------------------------|-----------------------------------|

Narrative: (Include overview of complaint if forwarded for administrative investigation)

(Include complete description, supervisory action, and results of supervisory action if handled by first line supervisor. Attach any additional sheets necessary. Forward to Lieutenant Operations.)

Supervisor:
Incident number:

TOT:
Date: