

**ALBION POLICE DEPARTMENT**

**PERSONNEL COMPLAINT**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

DOB: \_\_\_\_\_

Complainant Address: \_\_\_\_\_

\_\_\_\_\_

Cell #: \_\_\_\_\_

Home/Business #: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to contact you? \_\_\_\_\_

Date of alleged act(s): \_\_\_\_\_

Time: \_\_\_\_\_

Address of alleged act(s): \_\_\_\_\_

\_\_\_\_\_

Officers Involved (if known):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
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Witness(es) if known:

Name	Address	Phone
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Albion Police Department encourages citizens to report legitimate complaints against members of this department. As a result of this complaint, a complete, impartial, and thorough investigation will be conducted.

However, INCORRECT or FALSE STATEMENTS attributed by you is punishable as a Class A Misdemeanor, pursuant to Section 210.25 of the Penal Law of the State of New York.

\*\*\*Affirmed under penalty of perjury\*\*\*

Complainant's Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Complaint Received by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

**Administrative Use Only:**

CR#: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Video (check all that apply):

Body Cam \_\_\_ Office \_\_\_ Business \_\_\_ Residence \_\_\_ Other \_\_\_

Supervisor Notified of Complaint: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Investigating Supervisor Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Disposition:

\_\_\_ Unfounded - Investigation indicates that the act complained of did not occur.

\_\_\_ Exonerated - Investigation indicates that act occurred but that it was justified, lawful and proper.

\_\_\_ Not sustained - Investigation disclosed insufficient evidence to prove or disprove the allegation made.

\_\_\_ Sustained - Investigation disclosed that the act complained of did occur and does amount to misconduct.

Supervisor's Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_