



SYRACUSE POLICE DEPARTMENT PUBLIC COMPLAINT FORM

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Date/Time of Occurrence _____ Date of Complaint _____

Location of Occurrence _____

Names and Badge Numbers of Officers Involved (if known)

Has any member of this Department attempted to discourage you, in any way, from bringing this matter to the attention of the Department? Yes _____ No _____

If yes, who? _____

Details: (Please summarize your complaint, and include names of witnesses and any other factual, supporting information.)

(Continue on back if necessary)

I have given this statement voluntarily and find it to be correct to the best of my knowledge.

Date _____ Signature \s\ _____

