

The attached form is provided for making reports of commendable actions by a Village of Attica Police Department employee or to lodge a complaint against a member of the Village of Attica Police Department.

**Commendations** will be reviewed by the Chief of Police and given to the appropriate personnel. You will receive a letter from the Chief of Police acknowledging the commendation.

Complaints may be discussed immediately with the Shift Supervisor if he/she is available. In the event you do not wish to make a report to the Shift Supervisor, a complaint may be filed with the Chief of Police. Complaints should be made using the attached form and should be delivered to the Chief of Police by postal mail, email or filed in-person.

The Shift Supervisor may if appropriate, dispose of minor complaints at the time received to the satisfaction of the complainant. In such cases the Shift Supervisor will notify the Chief of Police as soon as practicable, in writing, the nature of the complaint, the desire of the complaint and the disposition.

In the event a satisfactory resolution cannot be immediately reached, the complaint will be forwarded to the Chief of Police who will assign a supervisor to investigate the complaint. The Supervisor will notify the person making the complaint that the investigation is starting and will obtain any additional information necessary to thoroughly investigate the complaint.

The complainant will be notified in writing at the conclusion of the investigation. Because of confidentiality requirements of personnel investigations, the complaining party will only be notified that the investigation has been concluded and appropriate action, if any, has been taken.

We thank you for taking the time to help us make the Village of Attica Police Department a more professional organization.

Village of Attica Police Department 43 Exchange Street, Attica, New York 14011 Phone: 585-591-0881 Fax: 585-591-3357

atticapolicechief@attica.org



Your Information:					
Last Name	First Name		M.I.		Date of Birth
( )	( )				
Primary Contact Number	Secondary Contac	t Number	Ema	il Address	
Address		Town/City		State	Zip Code
Officer (s) Involved:					
		WY -			
Officer's Name		Badge Number	r (IF KNOW	n) Car Nu	mber (IF KNOWN)
		WY -			
Officer's Name	Ī	Badge Number	r (if know	N) Car Nu	ımber (ıғ киоwи )
Witness Information:					
Last Name	First Name		M.I.	Phone Nu	mber
Address		Town/City		State	Zip code
					-
Last Name	First Name		M.I.	Phone No	umber
		Γ			T

Village of Attica Police Department 43 Exchange Street, Attica, New York 14011 Phone: 585-591-0881

Address

Town/City

Zip code

State

Fax: 585-591-3357 atticapolicechief@attica.org



Date of Incident Time of Incident Location of Incident  Description of Incident: (use additional pages if necessary)	<b>Incident Details:</b>				
Description of Incident: (use additional pages if necessary)	Date of Incident	Time of Incident	Location of Inci	dent	
Sestiption of mittaent. (Use additional pages in necessary)	Description of Incid	dent: /use additio	anal nages if nec	eccary)	
	Description of men	dent. (use addition	onal pages it fiec	essaiy)	
	Q				 

Village of Attica Police Department 43 Exchange Street, Attica, New York 14011 Phone: 585-591-0881 Fax: 585-591-3357

atticapolicechief@attica.org



NOTICE: (Penal Law 210.45)

Name

In a written instrument, any person who knowingly makes a false statement, which such person does not believe to be true, has committed a crime under the laws of the State of New York, punishable as a Class A Misdemeanor.						
I have read, or have had read to me, the attached compliment/complaint and statement. All of the information contained therein is true and accurate to my knowledge.						
Signature	Date and Time Signed					
You may return this form by mail; it does not need to be signed by a supervisor to be accepted. We recommend keeping a copy for your records.						
DO NOT WRITE BELOW THIS LINE						
Administrative Action:  Person Receiving Compliment/Complaint						
Name	Rank/Title	Date and Time Received				
Method Received (check one): ( ) Telephone ( ) In-Person ( ) Mail ( ) E-Mail ( ) Other						
<ul> <li>If person receiving this form is not a supervisor, the form shall immediately be forwarded in its entirety to a supervisor or Chief of Police without delay.</li> </ul>						
Supervisor Information:						
	1					

Village of Attica Police Department
43 Exchange Street, Attica, New York 14011
Phone: 585-591-0881
Fax: 585-591-3357
atticapolicechief@attica.org

Badge Number

Date and Time Received