



HUDSON FALLS POLICE DEPARTMENT

PERSONNEL COMPLAINT



Page ____ of ____

Date of Report: _____ Time: _____

Complainant : _____ D.O.B. ____/____/____

Address: _____ Phone: _____

Employer: _____ Phone: _____

Date of Incident: ____/____/____ Time: _____

Location of Incident: _____

Type of Complaint:	Use of Force	How Received:	In Person
	Property		Letter
	Procedural		Phone
			Other

Details of Complaint: _____

NOTE: Pursuant to Section 210.45 of the Penal Law of the State of New York, any incorrect or false statement attributed to you and contained herein is punishable as a class A Misdemeanor.

Complainants Signature: _____ Date: ____/____/____

Officer Taking Complaint: _____ Shield: _____



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CONTINUATION SHEET



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Complainants Signature: _____ Date: ____/____/____

Officer Taking Complaint: _____ Shield: _____