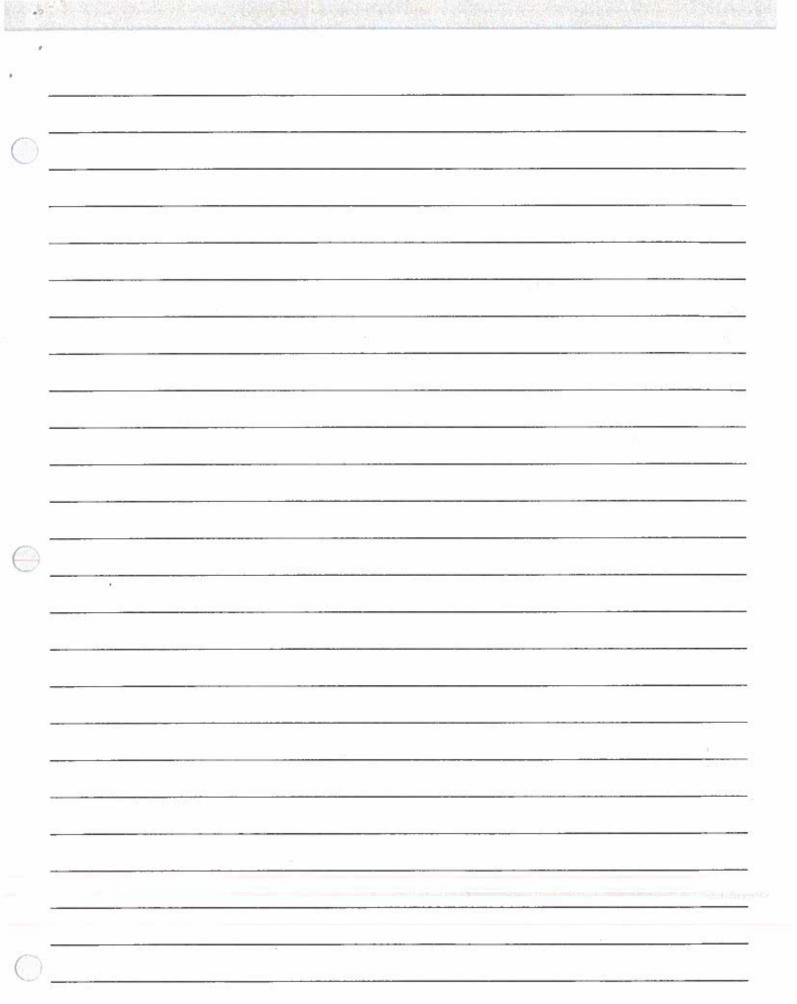


## REPORT OF A COMPLAINT AGAINST BROCKPORT POLICE DEPARTMENT PERSONNEL



	Cr#	IA#		(to be assigned)	1		
	Misconduct Complaint		Platoon/Unit				
	Complainant Information			51	-		
	Name:		Date o	Date of Birth:			
	Street Address:						
	City:	State:	ZIP:	Home/Cel. Phone			
	Work Phone:	Addi	itional Info		<del></del>		
	Name of Employee(s) / Vehicles the complaint is being made against:						
	Name:	R	ank:	IBM #	VEH#		
	Name:	R	ank:	IBM #	VEH#		
	Name:	R	ank:	IBM #	_VEH#		
	Witnesses:						
	Name:	Da		of Birth:			
	Street Address:						
	City:	_ State:	ZIP:	Home/Cel. Phone	<b>:</b>		
	Work Phone:	Add	itional Info				
		Date of Birth:					
	Street Address:	100	0 1-1				
	City:	_State:	ZIP:	Home/Cel. Phone	:		
	Work Phone:	Add	itional Info				

Name:		Date	of Birth:	
Street Address:				
City:	State:	ZIP:	Home/Cel. Phone:	(
Work Phone:	Ad	lditional Info		
Name:	W 8.5 - 1985 - 2.	Date	of Birth:	
Street Address:				
City:	State:	ZIP:	Home/Cel. Phone:	
Work Phone:	Ad	lditional Info		
	<u>In</u>	cident Inform	ation	
Date / Time of Incider	nt:			
Original CR#:				
				(
2 T 1023			5	
			p 100 100 100 100 100 100 100 100 100 10	
<u>1944 (1944 - 1944)</u>				
		9737LH		
				(a) (a) (a)
-				
5 <u>32 066 0</u>				
				r



Specific Allegations: (to be completed by the co	•	
2		
3		5000 (MINE)
I UNDERSTAND THAT THIS STATEMENT OF CO	OMPLAINT WILL BE SUBMITTE	D TO THE
BROCKPORT POLICE DEPARTMENT AND MAY	BE THE BASIS FOR AN INVES	TIGATION.
FURTHERMORE, I DECLARE THAT THE FACTS	CONTAINED HEREIN ARE ACC	CURATE AND TRUE
TO THE BEST OF MY KNOWLEDGE AND BELIE	•	
BEEN MADE BY ME VOLUNTARILY WITHOUT P	ERSUASION, COERCION OR P	ROMISES OF ANY
KIND. (Complainant's Initials:)		
I UNDERSTAND THAT THE EMPLOYEE A BE ENTITLED TO A HEARING. BY SIGNING A AGREE TO APPEAR AT SUCH HEARING RE	AND FILING THIS COMPLAIN	T, I HEREBY
(Complainant's Initials:)		
FALSE STATEMENTS MADE IN THE FORCE CLASS A MISDEMEANRO PURSUANT TO SI ACCORDINGLY AND WITH NOTICE OF THE FORGOING STATEMENT(S) ARE TRUE UND	ECTION 210.45 OF THE N.Y.S FOREGING I HEREBY AFFIR	S. PENAL LAW. IM THAT THE
(Complainant's Initials:)		
THIS	DAY OF	
		Check if refused.
Signature of Complainant		
Signature of Supervisor Receiving the Complaint	<del></del>	
Date Complaint Received:		
Time Complaint Received:		
Signature of Supervisor complaint was forward	ed to:	
Date copy of complaint was returned to supervi		