



VILLAGE OF MAYBROOK

Department of Police Services

111 Schipps Lane- Maybrook, NY 12543

Tel: 845-427-2226 * Fax: 845-427-2214

Citizen Complaint Form

Please complete with as many details as possible
and return the completed form to the Chief of Police.
This form is to be completed by the person making the complaint.

Complainant Information

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Sex: _____ Race: _____

Driver License Number: _____ State: _____

Street Address: _____ Town/City _____

State: _____ Zip: _____

Home Phone: (____) ____ - _____ Cell phone: (____) ____ - _____

Work Phone: (____) ____ - _____ Ext. _____

Email Address: _____

Officer(s) Involved (If known)

Officers Name: _____ Badge # _____ Car # _____

Officers Name: _____ Badge # _____ Car # _____

Officers Name: _____ Badge # _____ Car # _____

Incident Details

Date of Incident: _____ Time of incident: _____

Blotter # if known: _____

Location of Incident: _____

Initial _____



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Witness Information

1. Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Sex: _____ Race: _____

Driver License Number: _____ State: _____

Street Address: _____ Town/City _____

State: _____ Zip: _____

Home Phone: (____) ____ - ____ Cell phone: (____) ____ - ____

Work Phone: (____) ____ - ____ Ext. _____

Email Address: _____

2. Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Sex: _____ Race: _____

Driver License Number: _____ State: _____

Street Address: _____ Town/City _____

State: _____ Zip: _____

Home Phone: (____) ____ - ____ Cell phone: (____) ____ - ____

Work Phone: (____) ____ - ____ Ext. _____

Email Address: _____

3. Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Sex: _____ Race: _____

Driver License Number: _____ State: _____

Street Address: _____ Town/City _____

State: _____ Zip: _____

Home Phone: (____) ____ - ____ Cell phone: (____) ____ - ____

Work Phone: (____) ____ - ____ Ext. _____

Email Address: _____

Initial _____



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Nature of Complaint

Please provide as many details as possible.

Date: _____ Signature: _____

Initial _____



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Date: _____ Signature: _____

Initial _____