



TARRYTOWN POLICE DEPARTMENT

One Depot Plaza, Tarrytown NY 10591



PERSONNEL COMPLAINT PROCEDURE

It is the policy of the Tarrytown Police Department to investigate all legitimate complaints made against the department or its personnel, thoroughly, completely and impartially. A proper relationship between the department and citizens we serve, fostered by trust and confidence, is essential to effective law enforcement efforts.

The Tarrytown Police Department complaint process has been developed to ensure this proper relationship provides people with a fair and effective method to address legitimate complaints against Department personnel and to protect officers and employees from false charges of misconduct or wrongdoing.

The department would prefer you speak with a supervisor when you file a complaint. We do this to ensure that we obtain all the necessary information that we will need to fully and impartially investigate your complaint, as well as expedite the resolution of any complaints.

If you do not want to speak with a supervisor, you are able to file a complaint against an employee or officer by fully and accurately completing the attached complaint form. We ask that you print neatly or type the form if possible. An electronic version of this form is available online at tarrytowngov.com if you prefer to utilize that format.

If you need help with the complaint form, which is attached, you can call the Tarrytown Police Department and ask to speak with the Field Service Division Lieutenant. The Lieutenant will assist you with any questions you may have. When you have completed the complaint form, you can return it to the Police Department in any of the following ways:

- Drop completed and signed forms at the Police Department front desk sealed in an envelope marked "Personnel Complaint";
- Give it to any Sergeant or Lieutenant in a sealed envelope;
- Fax it to the Police Department at (914) 631-5069
- Email it to the Police Department at tarrytownpd@tarrytowngov.com

The Tarrytown Police Department will assign your complaint to a supervisor to investigate. The supervisor will contact you and send you a receipt for your complaint. You can contact the supervisor at any time to follow the progress of your complaint. The Chief of Police will send you a letter notifying you of the conclusion of the investigation and any action taken.

It certainly is unfortunate that you had the occasion to be less than satisfied with a member of our department, and we certainly hope that all future contacts with members of our department are positive ones.



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PERSONNEL COMPLAINT REPORT RECEIPT

On _____, (Name) _____ filed a complaint with the Tarrytown Police Department concerning the conduct of _____.

This was in reference to an incident which occurred on _____ and was documented in report/summons number _____. This form acknowledges receipt of the complaint. You should be aware of the following:

1. The Tarrytown Police Department investigates all complaints in an impartial manner.
2. The Department will investigate this allegation as an administrative matter (violation of Department policy) unless there is evidence that a crime was committed.
3. In administrative investigation, the burden of proof is "preponderance of the evidence."
4. Sworn statements may have to be taken from me or other persons who might be witnesses.
5. I will be notified of the status of my complaint during the course of the investigation and at the conclusion.
6. The accused officer or employee has rights that the Department cannot violate during the investigation.
7. I have received a copy of the completed initial Personnel Complaint Report.
8. If I have any further questions, I can call and speak with the Supervisor listed herein.

Signature of person filing complaint

Date

Supervisor receiving complaint:

Printed Name: _____

Signature: _____

Phone # _____

We will provide you a copy of this form and your complaint.



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PERSONNEL COMPLAINT REPORT

Person making complaint: _____ D.O.B. _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

What is the best time to contact you? _____

Person you are making the complaint against: _____

(IF YOU DO NOT KNOW THE PERSON'S NAME, THEN DESCRIBE HIM/HER BELOW.)

Date of incident: _____ Time of incident: _____

Incident Location: _____

Describe what happened, be specific as to what was said. Include information on any witnesses:



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PERSONNEL COMPLAINT REPORT-CONTINUATION

I have read the above statement made of my own free will and swear it to be true to the best of my recollection. I have been advised that it is a **Class A Misdemeanor** under the laws of the State of New York for a person, in and by a written instrument, to knowingly make a false statement, or to make a statement which such person does not believe to be true.

Signature

Date

Printed Name

Supervisor Signature & Shield #