Village of Irvington Police Department

85 Main Street Irvington, NY 10533
914-591-8080

Personnel Complaint

The Irvington Police Department encourages citizens to report legitimate complaints against employees of this department. As result, a through, impartial and confidential investigation will be conducted by the department's internal affairs unit.

Date of Report: _____ Time: _____ Ref # _____ Page _____ of _____
Complainant: _____ Birth date: _____
Address: _____ Zip: _____
Telephone #: Home _____ Business: _____
Employment: _____
Address: _____
Date of Incident Complained of: _____ Time: _____
Location of Incident: _____
Personnel Complained of: (Give name or physical description of individual, Badge #, Car #, etc)
_____
_____
Witness info: (Please supply names, address, age, telephone #, employment, etc)
_____
_____
_____

Complaint Type

- Use of force ☐
- Procedural ☐
- Property ☐
- Other ☐

How Received

- In Person ☐
- Letter ☐
- Phone ☐
- Other ☐

Please Give Details of this Incident:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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.

_____ Complainant's Signature

_____ Date

Complaint received by: _____

IAU #: _____