

SCHOHARIE VILLAGE POLICE DEPARTMENT Complaint Form

Instructions: If you wish to file a complaint regarding a Schoharie Village Police Department employee, please fill out this form and return it to the Schoharie Village Police Department at the address below. Personal information will not be disclosed to the public, unless required by law.

Please indicate the type of complaint you wish to file:

-	line may be imposed, if the allegation	misconduct, to be officially investigated, n(s) is sustained.
_	formally investigated. However, the m	concern, for informational purposes only natter will be discussed with the
PLEASE PRIN	T LEGIBLY	
First and Last Na	ame	
Street Address		Sex: □ Male □ Female
Street Address L	ine 2	Age:
City		Date of Birth:
State	Zip Code	
Phone Number	(s)	
Home	Work	Mobile



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Information about the Incident

Location:		
	Date:	
Street Address		
Street Address Line 2	Time:	AM/PM (Please Circle)
City		
Name of Police Employee:	Badge # (if known): _	
Name of Second Employee:	Badge # (if known): _	
Nature of Action: Check all that apply		
Excessive and improper use of force		
False Arrest		
Unlawful search and/or seizure		
Dishonesty and untruthfulness		
Corruption		
Rudeness, discourtesy or offensive language		
Violation of civil rights		
Bias-based procedures and tactics		
Other		



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Statement of Facts: Describe in detail the action(s) of the officer(s) that led you to file this complaint:		
NOTICE ITS A CRIME, PUNISHABLE AS A CLASS A MISDEMEANOR, FO BY A WRITTEN INSTRUMENT, TO KNOWINGLY MAKE A FALS	E STATEMENT, OR TO	
MAKE A STATEMENT WHICH SUCH PERSON DOES NOT BELIE AFFIRMED UNDER PENALTY OF PERJURY NYS PL 210.05	VE TO BE TRUE.	
Signature	Date	

Please return to:
Lieutenant Jason Temple
Schoharie Village Police Department
PO Box 219
Schoharie, NY 12157