



Amsterdam Police Department
1 Guy Park Ave. Ext.
Amsterdam, NY 12010
(518)842-1100
infopd@amsterdampd.com

Instructions: If you would like to praise an Amsterdam Police Department employee, or file a complaint against a police employee, please write legibly and fill out this form. Personal information will not be disclosed to the public, unless required by law. You can submit this form by mailing it to the address given at the top of this page or by returning it to the Amsterdam Police Department.

If you are filing a complaint, please indicate the type of complaint you wish to file.

Formal Complaint: Involves a serious allegation of misconduct, to be officially investigated, for which discipline may be imposed, if the allegation(s) are sustained.

Informal Complaint: Involves a minor complaint or concern, for informational purposes only and will not be formally investigated. However, the matter will be discussed with the employee(s) involved.

I wish to file a (select one)

- Compliment
- Formal Complaint
- Informal Complaint

Information about you

PLEASE PRINT LEGIBLY

First Name, Last Name

Sex

- Male
- Female

Age _____ **Date of Birth** _____

Address

Street Address

Street Address Line 2

City

State/Province

Postal Zip Code

Phone Number

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Home

Work

Mobile

Are you filling this on behalf of someone other than yourself?

Yes (Please complete this section)

No (Skip to the next section)

Information about them

PLEASE PRINT LEGIBLY

First Name, Last Name

Sex

Male

Female

Their Age _____ **Their Date of Birth** _____

Their Address

Street Address

Street Address Line 2

City

State/Province

Postal Zip Code

Their Phone Number

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Home

Work

Mobile

Information about the Incident

Location or Address of Incident:

Street Address

Street Address Line 2

City

State/Province

Postal Zip Code

Date of Incident _____ **Time of Incident** _____ am/pm

Witness Name

First Name, Last Name

Witness Address

Street Address

Street Address Line 2

City

State/Province

Postal Zip Code

Witness Sex

Male

Female

Witness Age _____ **Witness Date of Birth** _____

Name or Badge Number of Officer or Employee

Name or Badge Number of Second Officer or Employee (If known)

Nature of Action: Check all that apply	Yes	No
Extremely Helpful	<input type="checkbox"/>	<input type="checkbox"/>
Very Caring/empathetic	<input type="checkbox"/>	<input type="checkbox"/>
Did a great job	<input type="checkbox"/>	<input type="checkbox"/>
Made an extra effort	<input type="checkbox"/>	<input type="checkbox"/>
Excessive and improper use of force	<input type="checkbox"/>	<input type="checkbox"/>
False Arrest	<input type="checkbox"/>	<input type="checkbox"/>
Unlawful search and/or seizure	<input type="checkbox"/>	<input type="checkbox"/>
Dishonesty and untruthfulness	<input type="checkbox"/>	<input type="checkbox"/>
Corruption	<input type="checkbox"/>	<input type="checkbox"/>
Rudeness, discourtesy or offensive language	<input type="checkbox"/>	<input type="checkbox"/>
Violation of civil rights	<input type="checkbox"/>	<input type="checkbox"/>
Bias-based procedures and tactics	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Statement of Facts:

Describe in detail the action(s) of the officer(s) that led you to file this compliment/complaint.

Signature

Date