



# Quogue Village Police Dept. COMPLIMENT / COMPLAINT Form

115 Jessup Avenue/PO Box 877

Quogue, NY 11959

www.villageofquogueny.gov

**Instructions:** If you would like to praise a Quogue Village 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 or returning it to the Quogue Village Police Department at the address given at the top of this page.

**I wish to file a (please check one):**                       Compliment                       Complaint

**If you are filing a complaint, indicate the type of complaint you wish to file (you must check one and initial):**

**Formal Complaint:** Involves a serious allegation of misconduct, and I want my complaint officially investigated, for which discipline may be imposed, if the allegation(s) are sustained.

**Informal Complaint:** Involves a minor complaint or concern, and I only want my complaint/concerns on record. I understand it will be for informational purposes only, will not be formally investigated. However the matter will be discussed with the employee(s) involved.

**Information about you or the victim (If filling out on behalf of someone else please detail so in narrative)**

|                             |                             |                             |  |   |                      |
|-----------------------------|-----------------------------|-----------------------------|--|---|----------------------|
| LAST NAME                   |                             | FIRST NAME                  |  | M.I.  | DATE OF BIRTH<br>/ / |
| STREET ADDRESS and APT#     |                             | CITY                        |  | STATE   | ZIP CODE             |
| HOME PHONE<br>(     )     - | WORK PHONE<br>(     )     - | CELL PHONE<br>(     )     - |  | SEX<br><input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |                      |

**Information about the incident**

|                                    |            |                                    |   |
|------------------------------------|------------|------------------------------------|---|
| LOCATION OR ADDRESS OF INCIDENT    |            | DATE OF INCIDENT<br>/ /            | TIME OF INCIDENT<br>:     AM / PM                                       |
| WITNESS LAST NAME                  | FIRST NAME | AGE                                | SEX<br><input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |
| WITNESS ADDRESS                    | CITY       | STATE                              | PHONE<br>(     )     -  |
| NAME OR ID# OF OFFICER OR EMPLOYEE |            | NAME OR ID# OF OFFICER OR EMPLOYEE |   |

**Nature of action: Check all that apply and briefly describe what happened in the narrative portion of this page.**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Extremely helpful      | <input type="checkbox"/> Excessive and/or improper use of force | <input type="checkbox"/> Rudeness, discourtesy, and offensive language |
| <input type="checkbox"/> Very caring/empathetic | <input type="checkbox"/> False arrest                           | <input type="checkbox"/> Violation of civil rights                     |
| <input type="checkbox"/> Professional conduct   | <input type="checkbox"/> Unlawful search and/or seizure         | <input type="checkbox"/> Bias-based profiling                          |
| <input type="checkbox"/> Did a great job        | <input type="checkbox"/> Dishonesty and untruthfulness          | <input type="checkbox"/> Department <i>procedures or tactics</i>       |
| <input type="checkbox"/> Made an extra effort   | <input type="checkbox"/> Corruption                             | <input type="checkbox"/> Other   |

**Brief Narrative**

**This form may be hand delivered, mailed (to the above address), or emailed to [police@villageofquogueny.gov](mailto:police@villageofquogueny.gov)**

**I attest that the above information and my statement is true and correct to the best of my recollection**

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**The citizen has received a copy of this page.**

\_\_\_\_\_  
Officer's ID#

**COMPLAINT INVESTIGATION FORM: To be completed by the Supervisor / officer receiving or initiating a complaint**

| <input type="checkbox"/> | CATEGORY          | DESCRIPTION   |
|--------------------------|-------------------|---|
| <input type="checkbox"/> | <b>CATEGORY 1</b> | All allegations concerning members of this Department that allege: Unnecessary or excessive use of force, False arrest, Violation of a specific criminal statute, Corruption, Gratuities, Serious Misconduct, Insubordination, Other complaints or allegations as directed by the Chief of Police, or Bias Crimes |
| <input type="checkbox"/> | <b>CATEGORY 2</b> | Allegations relating to inadequate service, discourtesy, improper procedure, and any other allegations involving members of the Department that are not included in Category 1  |

*Signature of Officer/Supervisor receiving / initiating the complaint*

OFFICER: \_\_\_\_\_ ID#: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Forward this report to your Supervisor for review**

*Signature of Lieutenant*

OFFICER: \_\_\_\_\_ ID#: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Forward this report to the Chief of Police**

*To be completed by the Internal Affairs Unit*

| <input type="checkbox"/> | CASE ASSIGNED TO                     | DATE ASSIGNED | DATE COMPLETED |
|--------------------------|--------------------------------------|---------------|----------------|
| <input type="checkbox"/> | <b>OFFICER'S SUPERVISOR/SERGEANT</b> |               |                |
| <input type="checkbox"/> | <b>EXECUTIVE OFFICER</b>             |               |                |
| <input type="checkbox"/> | <b>CHIEF OF POLICE</b>               |               |                |
| <input type="checkbox"/> | <b>OUTSIDE AGENCY</b>                |               |                |
| <input type="checkbox"/> | <b>COMMENDATION ONLY</b>             |               |                |

*To be completed by the Chief of Police*

| <input type="checkbox"/> | FINDING   | DATE COMPLETED |
|--------------------------|---|----------------|
| <input type="checkbox"/> | <b>UNFOUNDED</b>                                  |                |
| <input type="checkbox"/> | <b>EXONERATED</b>                                 |                |
| <input type="checkbox"/> | <b>NOT SUSTAINED</b>                              |                |
| <input type="checkbox"/> | <b>SUSTAINED</b>                                  |                |
| <input type="checkbox"/> | <b>MISCONDUCT NOT BASED ON ORIGINAL COMPLAINT</b> |                |
| <input type="checkbox"/> | <b>POLICY FAILURE</b>                             |                |
| <input type="checkbox"/> | <b>COMPLAINT WITHDRAWN</b>                        |                |

*Signature of Chief of Police*

CHIEF OF POLICE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_