



DeWitt Police Department Commendation/Complaint Form

5400 Butternut DR
East Syracuse, NY 13057
315-449-3640
police@townofdewitt.com

Office Use Only
IC#:
Initials
Date:

Instructions: If you would like to commend a DeWitt Police Department employee, or file a complaint, please complete this form. Please write legibly. Personal information will not be disclosed to the public, unless required by law. You can submit this form by mailing, emailing or returning in person to the above address or email listed at the top of this page.

I wish to file a (please check one) Commendation Complaint

Information about you

Name _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Information about the incident

Location of Incident _____ Date/Time _____

Name/ID# of Officer/Employee _____ Name/ID# of Officer/Employee _____

Witness Information

Name _____ Age _____ Phone _____

Address _____

Nature of actions: Check all that apply and complete brief description below

- | | | |
|---|--|--|
| <input type="checkbox"/> Extremely helpful | <input type="checkbox"/> Excessive or Improper Force | <input type="checkbox"/> Rudeness, discourtesy, or foul 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/Seizure | <input type="checkbox"/> Bias- based profiling |
| <input type="checkbox"/> Did an excellent Job | <input type="checkbox"/> Dishonest or Untruthfulness | <input type="checkbox"/> Department procedures/tactics |
| <input type="checkbox"/> Made an extra effort | <input type="checkbox"/> Corruption | <input type="checkbox"/> Other |

Description of Commendation or Complaint

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

Signature _____ Date ____/____/____



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For Department Use Only: (To be completed by the Supervisor receiving or initiating a complaint)

(X)	Category	Description
	Class 1	Allegations that have the potential to damage the reputation of the department or its personnel, and generally include, but are not limited to allegations of serious misconduct, serious violations of standards
	Class 2	Allegations that generally include but not limited to allegations of a non-serious nature and violations of standards of conduct and other written directives of a non-serious nature
	Class 3	Minor Complaints by a citizen desiring to make an informal complaint against an employee, generally involving their conduct or behavior
	Class 4	Minor complaints by a citizen who is questioning or complaining about a policy, procedure, or tactic used by the department or an employee

Signature of Supervisor receiving/initiating a complaint

Supervisor _____ Badge # _____ Date ____/____/____

Forward to Criminal Investigations Commander for Review

(X)	Case Assigned To	Member assigned	Date Assigned	Date Completed
	First Line Supervisor			
	Command Staff			
	No Investigation Needed (3 or 4 only)			
	Commendation Only			

To be completed by final reviewer

(X)	Finding	Date Completed
	Exonerated	
	Unfounded	
	Not Sustained	
	Sustained	
	Misconduct not based on original complaint	

Signature of Final Reviewer

Signature _____ Badge # _____ Date