

GENESEO POLICE DEPARTMENT
 Commendation / Complaint of a Department
 Member

IA Number	Date of this Report
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IDENTIFYING INFORMATION IS OPTIONAL

Your Name	Date of Birth	Cell Phone
Address		Work Phone

INCIDENT

Name of Geneseo Police employee(s) involved if known, If unknown, describe subject

1)
2)
3)

Have you reported this to anyone previously? YES NO

if so, whom:	Date:
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Witnesses to the Event

Name of Witness	Address	Cell Phone
Address		Work Phone

Name of Witness	Address	Cell Phone
Address		Work Phone

Name of Witness	Address	Cell Phone
Address		Work Phone

Print a summary of this occurrence for which you are complaining (continue on back if needed)

Date	Person Receiving Commendation / Complaint
Date	Deputy Chief
Date	Chief of Police