



## CUBA POLICE DEPARTMENT

15 Water Street

Cuba, New York 14727

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### Citizen Complaint Form

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: Residence: \_\_\_\_\_ Work: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Video or audio recording: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of Officer(s) against whom complaint is being filed, or other identifying information

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ ID# \_\_\_\_\_

Vehicle: \_\_\_\_\_

Name(s)/Address/Phone Number or other identifying information concerning witness(s)

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Statement of Allegation:

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Statement continued next page

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We will respond to your complaint and propose suggested follow up meeting dates with you within 10 days of receiving the complaint.

I understand that this statement of complaint will be submitted to the Cuba Police Department and may be the basis for an investigation. Further, I declare that the facts contained herein are accurate and true to the best of my knowledge and belief. Further, I declare that my statement has been made by me voluntarily without persuasion, coercion or promise of any kind.

False statements made in the foregoing instrument are punishable as a class A Misdemeanor pursuant to **Section 210.45 of the NYS Penal Law**. Accordingly, and with notice of the foregoing, I hereby affirm that the foregoing statements are true under penalty of perjury, this

\_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_ (Check if refused to sign) \_\_\_\_\_

Signature of Complainant

\_\_\_\_\_  
Signature of Person Receiving Complaint

\_\_\_\_\_  
Date and Time Received

