

**SCSPCA LAW ENFORCEMENT INCORPORATION
POLICY AND PROCEDURE MANUAL**



**SPCA Form D
Civilian/Personnel Complaint
Chapter 114, Policy**

Incident Type, Date, Case:

<u>Incident Type:</u>	<u>When Reported:</u>	<u>Related Case #:</u>

Incident Information:

<u>Time of Incident:</u>	<u>Incident Location:</u>
<u>Complaint Received:</u>	<u>(Circle One)</u>
In Person	Phone Letter 3rd Party Anonymous

Complainant/Witness Information:

<u>Name:</u>	<u>Street:</u>	<u>Phone:</u>
<u>DOB:</u>	<u>City/Town/Village of:</u>	<u>Cell:</u>

Narrative by Complainant/Witness:

Pursuant to Section 210.45 of the Penal Law of the state of New York, any incorrect or false statements contained in this instrument is punishable as a class A Misdemeanor. I hereby affirm that the forgoing statements are true under penalty of perjury dated this _____ day of _____ 20 _____ .

Signature of Complainant

Signature of Chief or Designee