

# New York State University Police at Oswego

## Citizen Complaint Form

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Taken By: \_\_\_\_\_

Complainant: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Officer(s) name(s): \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Summary of Events:

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-----Investigative Use Only-----

Date Assigned: \_\_\_\_\_ To: \_\_\_\_\_ By: \_\_\_\_\_

Date completed: \_\_\_\_\_ By: \_\_\_\_\_

### Disposition:

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Return to Chief of Police