



## **CITY OF BATAVIA POLICE DEPARTMENT COMPLIMENT / COMPLAINT PROCEDURE**

The attached form is provided for making reports of commendable actions by a City of Batavia Police Department Employee or to lodge a complaint against a member of the City of Batavia Police Department. Commendations will be reviewed by the Chief of Police and given to the appropriate personnel. You will receive a letter from the Chief of Police acknowledging the commendation.

Complaints may be discussed immediately with the Shift Supervisor. In the event you do not wish to make a report to the Shift Supervisor a complaint may be filed with the Chief of Police. Complaints should be made using the attached form and should be delivered to the Chief of Police by postal mail, email or filed in-person.

The Shift Supervisor may, if appropriate, dispose of minor complaints at the time received to the satisfaction of the complainant. In such cases the Shift Supervisor will notify the Chief of Police as soon as practicable, in writing, the nature of the complaint, the desire of the complainant and the disposition.

In the event a satisfactory resolution cannot be immediately reached, the complaint will be forwarded to the Chief of Police who will assign a Supervisor to investigate the complaint. The Supervisor will notify the person making the complaint that the investigation is starting and will obtain any additional information necessary to thoroughly investigate the complaint.

The complainant will be notified in writing at the conclusion of the investigation. Because of confidentiality requirements of personnel investigations, the complaining party will only be notified that the investigation has been concluded and appropriate action, if any, has been taken.

We thank you for taking the time to help us make the City of Batavia Police Department a more professional organization.

**Police Department  
10 Main Street  
Batavia, New York 14020**



**Phone: 585-345-6350  
Fax: 585-344-1878  
Records: 585-345-6303  
Detective Bureau: 585-345-6370  
[www.batavianewyork.com](http://www.batavianewyork.com)**



# City of Batavia

## CITY OF BATAVIA POLICE DEPARTMENT COMPLIMENT / COMPLAINT FORM

**Your Information:** (if you wish to remain anonymous, your compliment or complaint will still be accepted)

Last Name                      First Name                      M.I.                      Date of Birth

Primary Contact #                      Secondary Contact #                      Email Address

Address                      Town/City                      State                      Zip

**Officer(s) Involved:**

Officers Name                      Badge # (if known)                      Car # (if known)

Officers Name                      Badge # (if known)                      Car # (if known)

**Witness Information:**

Last Name                      First Name                      M.I.                      Phone #

Address                      Town/City                      State                      Zip

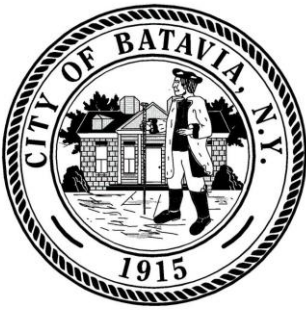
Last Name                      First Name                      M.I.                      Phone #

Address                      Town/City                      State                      Zip

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# City of Batavia

## Incident Details:

Date of Incident

Time of Incident

Location of Incident

## Description of incident: (use additional pages if necessary)

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Please provide answers to the following:

1. To your knowledge, was all or any part of the incident video or audio recorded by anyone?
2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?
4. Are you able to read, write and speak English?
5. If your answer to #4 is "No" or "Unsure", have you been provided with adequate assistance to help you understand and fill out this form?

Yes No Unsure

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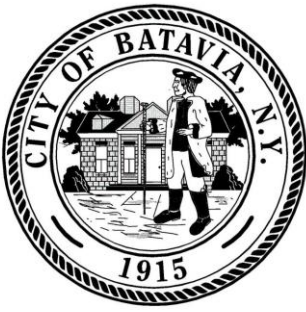
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*\*If you answered "Yes" to any of the above provide details on an attached sheet*

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**Notice:** (Penal Law § 210.45)

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the State of New York punishable as a Class A Misdemeanor.

I have read, or have had read to me, the attached complaint and statement. All of the information contained therein is true and accurate to my knowledge.

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Complainant's Signature

Date and Time Signed

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Notary Signature

Date and Time Signed

You may return this form by mail; it does not need to be signed by a Supervisor to be accepted. We recommend keeping a copy for your records. **Anonymous submissions will not receive follow-up communications.**

**DO NOT WRITE BELOW THIS LINE**

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**Admin Section:**

Person Receiving Compliment / Complaint

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Name

Badge #

Date and Time Received

Method Received (check one): ( ) Telephone ( ) In-Person ( ) Mail ( ) E-Mail ( ) Other

*\*If person receiving this form is not a Supervisor the form shall immediately be forwarded to a Supervisor without delay.*

Supervisor Information

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Name

Badge #

Date and Time Received

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