

**NIAGARA FALLS POLICE DEPARTMENT
OFFICER COMPLAINT REPORT**

Complaint Name: _____

Sex: _____ **Race:** _____

PRINT

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Phone: (____) _____ - (____) _____ **Email:** _____

HOME

CELL

Officer's Name: _____

Nature of Complaint:

Reporting Person: _____

Location of Alleged Incident: _____

Date of Incident: ____ \ ____ \ ____ **Time of Incident:** ____ \ ____ \ ____

Date Report Turned In: ____ \ ____ \ ____ **Time Report Turned In:** _____ AM\PM

Witness: _____ **Phone:** (____) _____ - _____ HOME

Address: _____ **Phone:** (____) _____ - _____ CELL

Witness: _____ **Phone:** (____) _____ - _____ HOME

Address: _____ **Phone:** (____) _____ - _____ CELL

Officers Response:

Signature: _____

Date: ____________

Print: _____

Supervisor's Determination: () Sustained () Not Sustained () Exonerated () Unfounded () Policy Failure

Inv Start Date: ____________

Inv End Date: ____________

Report:

Action Taken:

Supervisor: _____

Date: ____________

Signature: _____

Print: _____

Unit Commander: () Concur with Supervisor () Other

Supervisor: _____

Date: ____________

Signature: _____

Print: _____

Administrative Captain Determinations: () Concur with Unit Commander () Other

Superintendent's Determination: () Concur with Administrative Captain () Other

() Refer to OPS

Signature: _____

Date: ____________

Print: _____

Distribution: () Superintendent () Administrative Captain () Unit Commander
() Supervisor () Individual () Personnel