



Elmira Heights Police Department

Citizen Complaint Form

Date _____ Time _____

Name _____

Address _____

Home Phone _____

Mobile Phone _____

Date of Incident: _____

Time of Incident _____

Location _____

Officer(s) Name if known _____

Brief Description of Events

NOTICE: Pursuant to section 210.45 of the New York State Penal Law, false statements made herein are punishable as a Class A Misdemeanor.

Signed _____ Date _____

Printed name _____

Supervisor Signature _____
