



VILLAGE OF LEROY POLICE DEPARTMENT COMPLIMENT / COMPLAINT PROCEDURE

The attached form is provided for making reports of commendable actions by a Village of LeRoy Police Department employee or to lodge a complaint against a member of the Village of LeRoy 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 Village of LeRoy Police Department a more professional organization.

Village of LeRoy Police Department
3 West Main Street, LeRoy, NY 14482
Phone: 585-768-2527
Fax: 585-768-8037



**VILLAGE OF LEROY POLICE DEPARTMENT
COMPLIMENT / COMPLAINT FORM**

Your Information:

Last Name	First Name	M.I.	Date of Birth
Primary Contact #	Secondary Contact #	Email Address	
Address	Town/City	State	Zip

Officer(s) Involved:

Officer's Name	Badge # (if known)	Car # (if known)
Officer's 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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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 compliment/complaint and statement. All of the information contained therein is true and accurate to my knowledge.

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.

DO NOT WRITE BELOW THIS LINE

Admin Section:

Person Receiving Compliment / Complaint

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

Name

Badge #

Date and Time

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