



**Uniform Civilian Complaint Report**

<b>Date of Incident:</b>	<b>Time of Incident:</b>	<b>Date Reported:</b>	<b>Time Reported:</b>
<b>Location of Incident:</b> <i>(Street, city/town or exact address if known)</i>			
<b>Complainant's Name:</b> <i>(First, Middle, Last Name)</i>			<b>Complainant's DOB:</b>
<b>Complainant's Address:</b> <i>(Number, Street, City/Town, State, Zip Code, Apt./Condo Unit Number)</i>			<b>Complainant's Home #:</b>
<b>Complainant's Cell Phone #:</b>	<b>Complainant's Work Phone #:</b> <i>(Area Code)</i>		<b>Complainant's E-Mail Address:</b>
<b>Employer:</b>			<b>Occupation:</b>
<b>Employer's Address:</b> <i>(Number, Street, City/Town, State, Zip Code)</i>			<b>Employer's Telephone #:</b>
<b>Name of Person Assisting Complainant:</b>	<b>Address:</b> <i>(Number, Street, City/Town, State, Zip Code)</i>		<b>Telephone #:</b>
<b>Name of Employee Complained About (if known or physical description, badge #, car #, etc.)</b>			
<b>Witness(es) Information:</b> <i>(Name, DOB, Address: Number, Street, City/Town, State, Zip Code, Apt./Condo Unit Number, Telephone #, etc.)</i>			



SHERIFF PATRICK A. RUSSO  
 UNDERSHERIFF P. J. HIGGITT, JR.

Please provide answers to the following questions:	Yes	No	Unsure
1. To your knowledge, was all or any part of the incident complained about videotaped or audiotaped by anyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you afraid for your safety, or that of any other person, for any reason, as a result of making this complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you able to read, write and speak the English Language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If your answer to Question #4 is "No" or "Unsure", have you been provided with adequate language assistance to help you understand and fill out this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(If you answered "Yes" to any of the above questions, please provide details below.) Details of the incident: Please provide a full description of the circumstances that prompted your complaint. Attach supporting documentation as appropriate; including letters, emails, photographs, video or audio tapes, etc.

# **S** RENSSELAER COUNTY **SHERIFF**

*"Serving the Citizens of Rensselaer County Since 1791"*



4000 MAIN STREET  
TROY, NEW YORK 12180  
OFFICE: (518) 266-1903  
FAX: (518) 270-5447  
[www.RenscoSheriff.com](http://www.RenscoSheriff.com)

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(Attach additional pages, if necessary)

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I have read, or had read to me, the attached complaint and statement consisting of \_\_\_\_ pages. All of the answers are true and accurate to my knowledge. I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function is a crime punishable by fine and/or imprisonment.

<b>Complainant:</b>  <hr/> <i>Signature of Complainant (Signed in presence of Notary))</i>	<b>Date signed by complainant:</b>  <hr/> <i>mm/dd/yyyy</i>
<b>Notary</b>  <hr/> <i>Signature</i> <i>Print Name</i> <i>Date Commission Expires</i>	<b>Subscribed and sworn to before</b>  <b>me this</b>  ____ day of _____ 20__
<b>Person Receiving the Complaint</b>  <hr/> <i>Signature of person receiving complaint</i> <i>Print Name</i> <i>Title/Rank</i> <i>ID Number</i>  <b>Method of Contact:</b> <input type="checkbox"/> <i>Telephone</i> <input type="checkbox"/> <i>In-Person</i> <input type="checkbox"/> <i>Mail</i> <input type="checkbox"/> <i>E-Mail</i> <input type="checkbox"/> <i>Other</i>	<b>Date and time received</b>  <hr/> <i>mm/dd/yyyy</i>