THE ROME POLICE DEPARTMENT ENCOURAGES CITIZENS TO REPORT **LEGITIMATE COMPLAINTS** AGAINST EMPLOYEES OF THIS DEPARTMENT. AS A RESULT, A THOROUGH, IMPARTIAL & CONFIDENTIAL INVESTIGATION WILL BE CONDUCTED.
IF THIS COMPLAINT LEADS TO A FORMAL CHARGE AGAINST THE OFFICER, YOU WILL BE ASKED TO PARTICIPATE IN THE HEARINGS OR ARBITRATION PROCESS.

Date of Report: _____ Time: _____ Shift: _____ Case No.: (If Applicable) ____ – ____
Type of Complaint: _____ Related Case Nos: _____
How Received: _____ If Other, please explain: _____
Date of Incident: _____ Day of Incident: _____ Time of Incident: _____
Location of Incident: _____
Nature of Complaint: _____ If Other, please explain: _____

Complainant: _____ Date of Birth: ___ | ___ | ____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone - Home: _____ Work: _____ Other: _____
Occupation: _____ Employer: _____
Employer Address: _____ Employer Telephone No.: _____

1. Details of Incident:

2. Personnel Complained Of: (NAME OR GIVE PHYSICAL DESCRIPTION, BADGE NO., CAR NO., etc.)

3. Witness Info: (NAME, AGE, ADDRESS, TELEPHONE, EMPLOYER, etc.)

NOTE: PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK, ANY INCORRECT OR FALSE STATEMENT ATTRIBUTED TO YOU AND CONTAINED HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR.

Reporting Officer's Signature	Location Report Taken	Complainant's Signature	Date

ADMINISTRATIVE USE ONLY

Reviewed By: _____ Date: _____
Name & Rank

Complainant Notified of Disposition By: _____ Date: _____
Name & Rank

☐ NO FURTHER ACTION
☐ INVESTIGATION ASSIGNED TO:
_____