



Village of Ocean Beach Police Dept. COMPLIMENT / COMPLAINT Form



623 BayWalk /PO Box 425, Ocean Beach, NY 11770
obpd@villageofoceanbeach.org

Instructions: If you would like to praise a Village of Ocean Beach Police Department employee, or file a complaint against a police employee, please write legibly and fill out this form. Personal information will not be disclosed to the public, unless required by law. You can submit this form by mailing or returning it to the Village of Ocean Beach Police Department at the address given at the top of this page.

I wish to file a (please check one): Compliment Complaint

If you are filing a complaint, indicate the type of complaint you wish to file (you must check one and initial):

- Formal Complaint:** Involves a serious allegation of misconduct, and I want my complaint officially investigated, for which discipline may be imposed, if the allegation(s) are sustained.
- Informal Complaint:** Involves a minor complaint or concern, and I only want my complaint/concerns on record. I understand it will be for informational purposes only, will not be formally investigated. However the matter will be discussed with the employee(s) involved.

Information about you or the victim (If filling out on behalf of someone else please detail so in narrative)

LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH / /
STREET ADDRESS and APT#			CITY	STATE	ZIP CODE
HOME PHONE () -	WORK PHONE () -	CELL PHONE () -		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

Information about the incident

LOCATION OR ADDRESS OF INCIDENT		DATE OF INCIDENT / /	TIME OF INCIDENT : AM / PM
WITNESS LAST NAME	FIRST NAME	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
WITNESS ADDRESS	CITY	STATE	PHONE () -
NAME OR ID# OF OFFICER OR EMPLOYEE		NAME OR ID# OF OFFICER OR EMPLOYEE	

Nature of action: Check all that apply and briefly describe what happened in the narrative portion of this page.

<input type="checkbox"/> Extremely helpful	<input type="checkbox"/> Excessive and/or improper use of force	<input type="checkbox"/> Rudeness, discourtesy, and offensive language
<input type="checkbox"/> Very caring/empathetic	<input type="checkbox"/> False arrest	<input type="checkbox"/> Violation of civil rights
<input type="checkbox"/> Professional conduct	<input type="checkbox"/> Unlawful search and/or seizure	<input type="checkbox"/> Bias-based profiling
<input type="checkbox"/> Did a great job	<input type="checkbox"/> Dishonesty and untruthfulness	<input type="checkbox"/> Department <i>procedures or tactics</i>
<input type="checkbox"/> Made an extra effort	<input type="checkbox"/> Corruption	<input type="checkbox"/> Other

Brief Narrative

This form may be hand delivered, mailed (to the above address), or emailed to obpd@villageofoceanbeach.org

I attest that the above information and my statement is true and correct to the best of my recollection

Signature: _____

Date: ____ / ____ / ____

The citizen has received a copy of this page.

Officer's ID#

COMPLAINT INVESTIGATION FORM: To be completed by the Supervisor / officer receiving or initiating a complaint

<input type="checkbox"/>	CATEGORY	DESCRIPTION
<input type="checkbox"/>	CATEGORY 1	All allegations concerning members of this Department that allege: Unnecessary or excessive use of force, False arrest, Violation of a specific criminal statute, Corruption, Gratuities, Serious Misconduct, Insubordination, Other complaints or allegations as directed by the Chief of Police, or Bias Crimes
<input type="checkbox"/>	CATEGORY 2	Allegations relating to inadequate service, discourtesy, improper procedure, and any other allegations involving members of the Department that are not included in Category 1

Signature of Officer/Supervisor receiving / initiating the complaint

OFFICER: _____ ID#: _____ DATE: ____/____/____

Forward this report to your Supervisor for review

Signature of Sergeant

OFFICER: _____ ID#: _____ DATE: ____/____/____

Forward this report to the Chief of Police

To be completed by the Chief of Police:

<input type="checkbox"/>	CASE ASSIGNED TO	DATE ASSIGNED	DATE COMPLETED
<input type="checkbox"/>	OFFICER'S SUPERVISOR/SERGEANT		
<input type="checkbox"/>	POLICE COMMISSIONER		
<input type="checkbox"/>	CHIEF OF POLICE		
<input type="checkbox"/>	OUTSIDE AGENCY		
<input type="checkbox"/>	COMMENDATION ONLY		

To be completed by the Chief of Police

<input type="checkbox"/>	FINDING	DATE COMPLETED
<input type="checkbox"/>	SUBSTANTIATED	
<input type="checkbox"/>	UNSUBSTANTIATED	
<input type="checkbox"/>	EXONERATED	
<input type="checkbox"/>	UNFOUNDED	
<input type="checkbox"/>	MISCONDUCT NOT BASED ON ORIGINAL COMPLAINT	
<input type="checkbox"/>	POLICY FAILURE	
<input type="checkbox"/>	COMPLAINT WITHDRAWN	

Signature of Chief of Police

CHIEF OF POLICE: _____ DATE: ____/____/____