

**CITY OF GLENNVILLE**  
**CITIZENS / INTERNAL COMPLAINT & INQUIRY**

*Complaints must be completed, signed and submitted within 180 days of incident/complaint. All information must be filled out completely.*

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Night/Evening Telephone: \_\_\_\_\_

Relationship to person that complaint is concerning: \_\_\_\_\_

Name of Officer/Employee your complaint is about: \_\_\_\_\_

What do you the Officer/Employee did wrong: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly state what occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the above statement is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

.....  
**For Department Use Only:**

**Received By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

.....  
**Disposition:** \_\_\_\_\_ Sustained \_\_\_\_\_ Not Sustained \_\_\_\_\_ Unfounded \_\_\_\_\_ Exonerated