Southampton Village Police Department

Civilian Complaint Form

Protecting Your Rights is Our Business

• This form can be faxed to (631) 283-6026, hand delivered, or mailed to the Southampton Village Police Department 151 Windmill Lane Southampton, New York 11968.

Information about you:

Name

Last: _____ *First* _____ *initial* _____

Home ( ) _____ *Work* ( ) _____ *Other* ( ) _____

Email _____ *Date of Birth* _____ M / F Ethnic Origin _____

Address:

Street _____ *Apt:* _____

City _____ *State* _____ *Zip Code* _____

Information about the Incident.

Date _____ *Time:* _____ AM/PM *Location* _____

Information about Police Department Officer(s) or employee(s) involved.

Name _____ *ID#* _____

Name _____ *ID#* _____

Information about witnesses:

Name _____ *Phone* ( ) _____

Address _____

Name _____ *Phone* ( ) _____

Address _____

Please tell us about the incident (attach additional pages if necessary):

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The Southampton Village Police Department Is dedicated to protecting the rights of all citizens and we carefully investigate all relating to police service and / or police misconduct. Our mission is to provide quality police service, and you assist us in accomplishing this goal when you contact us regarding what you consider to be improper police conduct. We value your opinion and thank you for bringing this matter to our attention.

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