

NEW CASTLE POLICE DEPARTMENT PERSONNEL COMPLAINT FORM

This Box will be completed by NCPD
 Date/Time Received:
 Received By:

1. Complete as much information as possible. If the answer to the question is not known, leave blank.
2. This complaint form can be submitted in person, by email, fax, or U.S. mail. Mail to the attention of the Chief of Police at New Castle Police Department, 200 South Greeley Avenue, Chappaqua, NY 10514. The fax number is 914-238-2538. The email address to file a complaint is jcarroll@mynewcastle.org. In addition, a police supervisor is available 24 hours a day to speak to you and accept this complaint. You can speak to a supervisor by calling 914-238-4422
3. You will be notified to verify receipt of your complaint.

Your Information

Name	
Address	
Home Phone	
Cell Phone	
Email	
Date of Birth	

Police Officer or Employee Involved (if known)

Name	Badge Number

Incident Information

Date	Time	Location

Details: Use the space below to state your complaint, including names, times, locations, witnesses, and any other information that would help in investigating your complaint. If employee names are unknown, explain what each employee looked like. If additional writing space is needed you can use the reverse side of the form or attach additional pages.

Signature of Complainant: _____