



# TOWN OF CAMILLUS POLICE DEPARTMENT

*Camillus Municipal Building*

*4600 West Genesee Street*

*Syracuse, New York 13219*

*315.487.0102*

www.camilluspolice.com

Thomas M. Winn  
Chief of Police

## Citizen Complaint Procedures

Our officers are sworn to protect the rights of all citizens, regardless of race, color, religion, national origin, citizenship, sex, sexual orientation, age, or disability. We take this duty to our citizens seriously, and for that reason we have internal safeguards and policies to discourage abuses of authority by police employees. Complaints regarding such abuses are vigorously and thoroughly investigated. If you feel that an employee of this department has acted in an unprofessional manner toward you or others, we encourage you to report the incident immediately to any member of the Camillus Police Department. Please know that our goal is to provide you with quality police service in a spirit of community cooperation. We see reports of improper police conduct as an opportunity to improve our quality of service and enhance the relationship with our community.

### Who May File A Complaint

Any person who witnesses, has been effected by, or otherwise has direct knowledge of inappropriate police conduct may file a complaint with the Camillus Police Department.

### When Should You Complain

You should contact the department whenever you witness behavior by any department member which is a violation of town, state, or federal law, involves excess use of force, or demonstrates discourteous or abusive treatment, or involves bias based policing or selective enforcement of the law or for any situation you may want us to know about.

### How Do You File A Complaint

The Camillus Police Department shall accept and document all complaints against any employee regardless of whether the filed complaint is in writing, verbal, in person, by mail, by facsimile, by telephone, electronic or anonymous. Generally, complaints are filed through the supervisor of the member involved. If the immediate supervisor is unavailable, another supervisor or any member of the police department may take the initial complaint. Once the initial complaint is made you will be provided with a department **Civilian Complaint Form** by the department member who took your complaint. To assist us with the process we request that you complete, sign and date the form and deliver it via US Mail or in person to the address at the top of this page.

For additional information regarding citizen complaint procedures please call 315 487 0102.



# Camillus Police Department Civilian Complaint Form



Complainant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Was Anyone Injured?:  Yes,  No. Who: \_\_\_\_\_

Describe Injuries: \_\_\_\_\_

Photos:  Yes  No Video:  Yes  No

Injuries Treated  Yes  No Treated by: \_\_\_\_\_

Where Treated: \_\_\_\_\_

Personnel your complaint is about: Name: \_\_\_\_\_

Description: \_\_\_\_\_ Shield #: \_\_\_\_\_ Car # \_\_\_\_\_

Description: \_\_\_\_\_ Shield #: \_\_\_\_\_ Car # \_\_\_\_\_

Description: \_\_\_\_\_ Shield #: \_\_\_\_\_ Car # \_\_\_\_\_

In your own words, Describe your complaint:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

You may attach more pages if necessary.

Complainant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Complaint Received by: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date/Time Received: \_\_\_\_\_ Packet Issued by/date: \_\_\_\_\_

Medical Release Form Signed:  Yes  No    Affidavit  Yes  No

Copies to Complainant Date/by: \_\_\_\_\_ Original to IA Date/by: \_\_\_\_\_

IA Case #: \_\_\_\_\_ DR # \_\_\_\_\_

Copies to members supervisor: Date: \_\_\_\_\_ By: \_\_\_\_\_

Copies to Chief of Police: Date: \_\_\_\_\_ By: \_\_\_\_\_