



SAG HARBOR VILLAGE POLICE DEPARTMENT
70 DIVISION STREET, SAG HARBOR NY 11963
COMPLIMENT/COMPLAINT INFORMATION REPORT

The Sag Harbor Village Police Department is committed to providing the highest quality police services to each and every member of the community and your input is important to us. If you have a compliment or a complaint concerning an SHPD employee, please do one of the following.

Complete this form and submit it directly to Sag Harbor Village Police Headquarters, or fax it to **(631) 725-5660**

- Mail it to: **Sag Harbor Village Police Department, PO Box 660 Sag Harbor, NY 11963**
- Telephone the Department at **631-725-0247**.
- E-mail Chief of the Department at: **amcguire@sagharborny.gov**

Check the appropriate category: Compliment Complaint

CC # (if applicable) _____

Name: Last, First, M.I.		Date of Birth
Address		Home Phone
E-Mail Address	Cell Phone	Work Phone <input type="checkbox"/> Permission to contact

Person Assisting (Interpreter, Representative)	Relationship	Contact Phone #
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If Applicable: Witness Name: Last, First, M.I.	Home Phone
Address	Cell Phone

INCIDENT

Date of Incident	Time of Incident	Location of Incident
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EMPLOYEE INFORMATION (if known)

Rank/Title	Command	Shield	Name	<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Plainclothes	<input type="checkbox"/> Uniform	<input type="checkbox"/> On Foot	<input type="checkbox"/> In Car	<input type="checkbox"/> Marked Car <input type="checkbox"/> Unmarked
Patrol Car #:			License Plate #:	
Physical Description of Employee (eye color, hair color, approximate height and build, age, etc.)				

DESCRIPTION OF INCIDENT (please include as much detail as possible)

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Would you like a Police Department supervisor to contact you with regard to your comments? Yes No

Date: _____

Signature: _____