

If you need any assistance completing the forms to file a complaint against an Orangetown Police employee please call the Orangetown Police department at 845-359-3700 and ask to speak with the on duty supervisor.

Below are the forms to complete in order to file a complaint against an Orangetown Police Department employee. These forms can be downloaded, filled out, and then brought to the Orangetown Police Department to submit to the on duty supervisor. A copy of these forms is also available at the Orangetown Police Department 24 hours a day, 7 days a week.

# TOWN OF ORANGETOWN POLICE DEPARTMENT

**(Civilian Complaint Against Police Employee Form II)**

**Incident No.** \_\_\_\_\_

**Date/ Time Reported** \_\_\_\_\_ / \_\_\_\_\_

**Page** \_\_\_\_\_ **of** \_\_\_\_\_

Complainant should specify in detail, in his/her own handwriting, the facts of the complaint. Complaint is asked to provide any audio/video recordings of the incident. Complainant should swear or affirm to the truthfulness of their statement. Complainant should be as thorough as possible listing names, addresses, phone numbers of all persons involved. If refused, no follow-up contact will be made unless directed by the Captain of Police.

**Witness statements are to be recorded on witness depositions and attached hereto:**

[illegible]

**Do you have in your possession or are you aware of any audio or video recordings of the incident?** ☐ Yes ☐ No

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

**NOTE: False statements made herein are punishable as a CLASS A misdemeanor pursuant to section 210.45 of the Penal Law State of New York.**

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**(FORWARD TO CHIEF OF POLICE)**

# TOWN OF ORANGETOWN POLICE DEPARTMENT

## (Civilian Complaint Against Police Employee Form IV)

Incident No. \_\_\_\_\_

Date/ Time Reported \_\_\_\_\_ / \_\_\_\_\_

### RELEASE OF MEDICAL RECORDS

"I HEREBY AUTHORIZE THE RELEASE OF ALL MEDICAL RECORDS TO THE TOWN OF ORANGETOWN POLICE DEPARTMENT RELATING TO INJURIES I SUSTAINED AS A RESULT OF THE ACTIONS TAKEN BY THE ORANGETOWN POLICE DEPARTMENT. MY INJURIES WERE SUSTAINED ON \_\_\_\_\_. I SUSTAINED THE FOLLOWING PHYSICAL INJURIES:

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THE FOLLOWING PHYSIANS AND/OR MEDICAL FACILITIES TREATED ME FOR THESE INJURIES: (List Names and Addresses).

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Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type Name and Address \_\_\_\_\_

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Witnessed By: \_\_\_\_\_ Title: \_\_\_\_\_

(FORWARD TO CHIEF OF POLICE)