

**New Castle Police Department  
COMMENDATION / COMPLAINT REPORT**

**Reporting Person:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Witness:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Details:**

**Subject Officer:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Date of Occurrence:** \_\_\_\_\_ **Time of Occurrence:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Summary of Complaint / Commendation:** *Handwritten by complainant if possible*

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*Use back of form for additional narrative*

While supporting legitimate complaints as a means by which the department can be accountable to the public, the department also seeks to hold members of the public responsible for the reporting of false and malicious allegations. The New Castle Police Department will initiate appropriate legal action in cases involving false reporting.

**Pursuant to Section 210.45 of the New York Penal Law any incorrect or false statement contained in this instrument is punishable as a class A Misdemeanor.**

I hereby affirm that the foregoing statements are true under penalty of perjury:

Reporting Person: \_\_\_\_\_ Date / Time: \_\_\_\_\_

**For Agency Use**

Commendation       Category 1       Category 2

How Received:  Telephone     In Person     Email     Mail     Other

Received By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Investigating Command Officer \_\_\_\_\_ Date / Time \_\_\_\_\_

**Adjudication of Complaint**

Substantiated       Exonerated  
 Unsubstantiated     Misconduct noted  
 Unfounded

Case #: \_\_\_\_\_

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Of \_\_\_\_\_