



**Town of Tonawanda Police Department**  
**Commendation / Complaint Form**  
 1835 Sheridan Drive Buffalo, NY 14223

Office Use Only:  
 IA # \_\_\_\_\_  
 Initials \_\_\_\_\_  
 Date \_\_\_\_\_

**Instructions :** If you would like to praise a Town of Tonawanda Police Department employee, or file a complaint against a police employee, please fill out this form legibly. Personal information will not be disclosed to the public unless required by law. You can submit this form by mailing or returning it in person to the Town of Tonawanda Police at the address above.

**I would like to file a (please check one) :**       Commendation                       Complaint

**Information about the person reporting this**

Last Name	First Name	M.I.	Date of Birth / /
Street Address and Apt#	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	

**Are you filing this on behalf of someone else?**    Yes    No   *If yes, complete this section*

Last Name	First Name	M.I.	Date of Birth / /
Street Address and Apt#	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	

**Information about the incident**

Location or Address of Incident	Date of Incident	Time of Incident AM/PM	
Witness Last Name	First Name	Age	Sex
Witness Address	City	State	Phone
Name or ID# of Officer or Employee	Name or ID# of any other Officer or Employee Involved		

**Nature of action: Check all that applies and briefly describe what happened on the back of this sheet (pg.2)**

<input type="checkbox"/> Extremely Helpful	<input type="checkbox"/> Did a great job	<input type="checkbox"/> Improper use of force	<input type="checkbox"/> Dishonest/untruthful	<input type="checkbox"/> Bias-based profiling
<input type="checkbox"/> Caring/Empathetic	<input type="checkbox"/> Made an Extra Effort	<input type="checkbox"/> False arrest	<input type="checkbox"/> Rude / foul language	<input type="checkbox"/> Dept. procedures
<input type="checkbox"/> Professional	<input type="checkbox"/> Calmed Situation	<input type="checkbox"/> Unlawful search/seizure	<input type="checkbox"/> Violate civil rights	<input type="checkbox"/> Other (list on back)

I attest that the above information is true and correct to the best of my recollection

Signature \_\_\_\_\_ Date \_\_\_\_\_ TTP-086

*Tell us about the incident, include the name(s) of any person(s) that were there and how we may contact them*

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**NOTICE** (Penal Law, Section 210.45) IT IS A CRIME, PUNISHABLE AS A CLASS "A" MISDEMEANOR UNDER THE LAWS OF NEW YORK STATE, FOR A PERSON, IN AND BY A WRITTEN INSTRUMENT, TO KNOWINGLY MAKE A FALSE STATEMENT, OR TO MAKE A STATEMENT WHICH SUCH PERSON DOES NOT BELIEVE TO BE TRUE. **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Signature of Supervisor receiving / initiating complaint

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Forward this report to the Chief of Police or his designee*

*To be completed by the Chief of Police or his designee*

	CASE ASSIGNED TO	DATE ASSIGNED	DATE COMPLETED
	PLATOON LEVEL		
	ASSISTANT CHIEF		
	INTERNAL AFFAIRS		
	NO INVESTIGATION NEEDED		

	FINDING
	EXONERATED
	UNFOUNDED
	NOT SUSTAINED
	SUSTAINED
	OFFICER / EMPLOYEE TO BE RECOGNIZED FOR

Officer given written copy of findings?

YES NO

If NO, state reason

\_\_\_\_\_

*Signature of Chief of Police*

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ TTP-086