REPORT NO.	

SALAMANCA POLICE DEPARTMENT COMPLAINT REPORT

POLICE DEPARTMEN	IT U	SE									
DATE OF OCCURENCE	TIME OF OCCURENCE LOCATION OF OCCURENCE										
DAY OF WEEK	HOW COMPLAINT MA					IVED BY	ED BY DA		TIME	TIME	
	_	IN PERSON PHONE	_ M.	AIL							
COLETY											
COMPLAINANT USE	,										
LAST NAME	FIRST NAME			M.I.		PE	PERSON ASSI		SISTING		
ADDRESS									1		
ADDRESS			•	ZIP C	ODE	НОМЕ РН	IONE		BUSINES	S PH	ONE
DOB	SEX RACE			`F		NAMEC	TORNEY	OPNEY PETAINED			
•			1010	<i>,</i>	NAME OF ATTORNEY RETAINED						
											,
Name of officer (s) complained of (if unknown, in detail section provide description of officer and type of duty performed, e.g. patrol, detective in uniform, etc). If more than one officer is complained of, state specific number complained of, as opposed to the number of officers that may have been on the scene in a backup role.											
OFFICER NAME	114.7 11	avo book on the soci	10 111 6	a back		GE NO.				CA	R NO.
WITNESS LAST NAME	FIRST NAME			DATE OF BIRTH SEX			SEX			RACE	
ADDRESS	ZIP CODE HOMI		E PHONE BUSI			BUSIN	IESS PHONE				
WITNESS LAST NAME	FIRST NAME		I	DATE OF BIRTH S		SEX		RACE	RACE		
ADDRESS	ZIP CODE HOM		HOME	E PHONE I			BUSIN	BUSINESS PHONE			

DETAILS

(Briefly describe the incident on the next page)

Complainant name	Date	P.2.
I have read this statement [], I have had this facts contained therein are true, correct, and		made of my own free will and the
DETAILS Describe in the following lines, in you	r own words, the incident:	

Ver	ification By Subscription And Notice	
Under Penal Law Section 210.45It is a crime, punish and by a written instrument, to knowingly make		
SIGNATURE OF NOTARY	DA	ATE
SIGNATURE OF COMPLAINANT		ATE
SIGNATURE OF SUPERVISOR		ATE