

TOWN OF CAIRO POLICE DEPARTMENT  
CIVILIAN COMPLAINT FORM



**CIVILIAN COMPLAINT FORM PAGE 1**

Form Created 02/01/2021

**\*\*\*\*Print clearly and fill out all three pages\*\*\*\***

**Return this form to the Cairo Police Department member in charge for supervisory investigation, or to the Cairo Town Hall attention Cairo Town Supervisor**

Today's date: \_\_\_\_\_

Department: Town of Cairo Police Department Phone number: 518-622-3120

Complainant's Name: \_\_\_\_\_

Date/time of the reported incident/activity: \_\_\_\_\_

**Names of Law Enforcement Officers involved if known:**

## Civilian Complaint Form Page 2

Names of any known Civilians involved:

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## Civilian Complaint Form Page 3

Narrative of Complaint, Describe the basis of your complaint and any other information that may be useful:

Complainant's Signature

DATE/TIME:

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# Supervisors Part of Civilian Complaint Form Page 4

**Date/Time of Investigation start:** \_\_\_\_\_

**Supervisor Conducting Investigation:** \_\_\_\_\_

**Narrative of Supervisors findings:**

**Supervisor Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Is this Complaint being deemed necessary for a full Internal Investigation as per Cairo Police Policy and Procedure 92 (circle) YES or NO**

**IF yes Date/Time it became a full Internal Affairs Investigation:** \_\_\_\_\_

**Town Supervisor or Liaison advised of Complaint:** \_\_\_\_\_

**DATE/TIME:** \_\_\_\_\_

Use additional pages if necessary

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