How to make a Complaint against Town Personnel/Department

1. If you wish to make a complaint about the actions of an employee of the Town or Department, please:

   A. Call or come to the Town Clerk's Office or the Police Department and tell any employee that you want to make a complaint;

   OR

   B. Request a Report of Complaint against Town Personnel/Department form be mailed to you, complete your complaint and mail it to the Town Clerk at 887 Marietta Ave / P.O. Box 38, Whitesville, NY 14897 or the Chief of Police at the same office address.

2. The Town Clerk or Chief of Police will assist you with completing the Report of Complaint against Town Personnel/Department form.
   A. The report will ask you to identify yourself and to give specific details about your complaint and the resolution you are seeking.
   B. By signing the form, you agree to appear and testify under oath, at any hearing that may result from your complaint.
   C. If you would prefer not to identify yourself you may do so. However, anonymous reports may hamper the investigation due to the inability to interview you and ask follow up questions and may not result in your preferred outcome.

3. Your complaint will then be investigated by the appropriate Town official.

4. Upon completion of the investigation, the Town official will inform you of the outcome.

5. If you are not satisfied with the outcome of your complaint, you reserve the right to appeal it to the Town Supervisor. If the complaint involves a police officer you can report your allegation directly to the New York State Attorney General's Office.

Town of Independence

Report of Complaint against Town Personnel/Department

Name of Complainant: _____

Address: _____

_____

Phone Number: Residence: _____ Work: _____

Date & Time of Incident: _____

Name of the Employee(s) against whom complaint is being filed, or other identifying information

Name: _____ Rank: _____ ID#_____

Vehicle: _____

Name(s)/Address/Phone Number or other identifying information concerning witness(s)

_____

_____

_____

Statement of Allegation:

_____

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_____

What resolution are you requesting?

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_____

I understand that this statement of complaint will be submitted to the Town of Independence and may be the basis for a personnel investigation. Further, I declare that the facts contained herein are accurate and true to the best of my knowledge and belief. Further, I declare that my statement has been made by me voluntarily without persuasion, coercion or promise of any kind.

I understand that the employee against whom this complaint is filed may be entitled to a hearing. By signing and filing this complaint, I hereby agree to appear at such hearing and to testify under oath concerning all matters relevant to this complaint.

False statements made in the foregoing instrument are punishable as a class A Misdemeanor pursuant to Section 210.45 of the Penal Law. Accordingly, and with notice of the foregoing, I hereby affirm that the foregoing statements are true under penalty of perjury, this _____ day of _____ 20_____.

_____ ☐ *(Check if Refuse to Sign)*

Signature of Complainant

_____

Signature of Person Receiving Complaint

_____

Date and Time Received

TO BE COMPLETED BY SUPERVISOR

Investigated by:_____

Investigation Conclusion:_____

_____

_____

_____

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_____

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_____

_____

Complainant Informed of Conclusion On:___/___/_____ By:_____

Complaint Status: ☐ Closed ☐ Referred to:_____ Date: ___/___/_____