



POLICE DEPARTMENT, COUNTY OF SUFFOLK, N.Y.
 ACCREDITED LAW ENFORCEMENT AGENCY
COMPLIMENT/COMPLAINT INFORMATION REPORT

PDCS-1300-1e

INTERNAL AFFAIRS BUREAU USE ONLY	
Received:	_____
IAB #:	_____

The Suffolk County Police Department is committed to providing the highest quality police services to each and every member of the community and your input is important to us. If you have a compliment or a complaint concerning an SCPD employee, please do **ONE** of the following:

- Complete this form and submit it directly to any SCPD precinct, or to Police Headquarters, or fax it to **(631) 852-6259**.
- Mail form to: **Suffolk County Police Headquarters, Internal Affairs Bureau, 30 Yaphank Avenue, Yaphank, NY 11980**
Or to: Suffolk County Human Rights Commission, 100 Veterans Memorial Highway #1, Hauppauge, NY 11788
- Telephone the Internal Affairs Bureau at **(631) 852-6265**, or free of charge by dialing **1-855-IAB-SCPD** (Un operador estará disponible en español).
- Telephone the **Suffolk County Human Rights Commission** at **(631) 853-5480**.
- E-mail the Internal Affairs Bureau at: SCPD.INTERNALAFFAIRS@suffolkcountyny.gov.

Check the appropriate category: Compliment Complaint **CC #** (if applicable): _____

Did you file this complaint with another agency: No Yes, Agency Name: _____

Name: Last, First, M.I.		Date of Birth:
Address:		Home Phone Number:
Email Address:	Cell Phone Number:	Work Phone Number:
<input type="checkbox"/> Permission to Contact		
Race/Ethnicity (Optional): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Mixed Heritage <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
<input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Other _____		
Gender (Optional): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Trans Female		Preferred Pronoun (Optional): <input type="checkbox"/> She <input type="checkbox"/> He <input type="checkbox"/> They
<input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Not Listed <input type="checkbox"/> Prefer Not to Answer		<input type="checkbox"/> No Preference <input type="checkbox"/> Other _____

Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish	Language Interpretation Services Needed: <input type="checkbox"/> No	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Yes, Language _____	
Person Assisting (Interpreter, Representative):	Relationship:	Contact Phone Number:

If Applicable: Witness Name: Last, First, M.I.	Home Phone Number:
Address:	Cell Phone Number:

INCIDENT

Date of Incident:	Time Of Incident:	Location of Incident:
Video/Audio Recording of Incident: <input type="checkbox"/> No <input type="checkbox"/> Yes		

EMPLOYEE INFORMATION (If Known)

<input type="checkbox"/> Female <input type="checkbox"/> Male	Name:	Rank/Title:	Command:	Shield:
<input type="checkbox"/> Plainclothes <input type="checkbox"/> Uniform	<input type="checkbox"/> On Foot <input type="checkbox"/> In Car	<input type="checkbox"/> Marked Car <input type="checkbox"/> Unmarked	Patrol Car #:	License Plate #:
Physical Description of Employee (eye color, hair color, approximate height and build, age, etc.):				

DESCRIPTION OF INCIDENT (please include as much detail as possible)

Would you like a Police Department supervisor to contact you with regard to your comments? Yes No

Date: _____

Signature: _____