



**Town of Highlands Police Department
37 Main Street
Highland Falls, NY 10928**

“Committed to Excellence”

**J.P. Quinn
Chief of Police**

Public Compliment or Complaint Form

The Town of Highlands Police is dedicated to providing the highest quality police services to residents, business owners and visitors. Your compliments and complaints are important to THPD and we appreciate your taking the time to contact us.

Please identify if this is a [] Compliment or a [] Complaint.

Name of individual filing compliment/complaint: _____

Address: _____ **City/State/Zip** _____

Phone No. _____ **Email address:** _____

Identification of Police Department Employee(s) involved in incident, if known:

Name _____ Badge No. _____ Vehicle No. _____

Description of Employee: Gender: _____ Race/Ethnicity _____ Uniformed? Y or N

Name _____ Badge No. _____ Vehicle No. _____

Description of Employee: Gender: _____ Race/Ethnicity _____ Uniformed? Y or N

**Witnesses to the incident and or individuals with relevant knowledge.
(Please provide Names, Addresses and Phone Numbers.)**

Person assisting in completing this form (if any):

Name: _____ **Agency/Affiliation** _____

Address _____ **Phone#** _____

Details of the incident: *include circumstances of Police contact* (Attach additional pages if needed):

The following is applicable only to the filing of a complaint against an officer(s):

I realize that it may be necessary in the investigation of this complaint for me to meet with Officials of the Town of Highlands Police Department and/or the Town Board to discuss this complaint. I understand that if my complaint results in a legal proceeding my testimony at such proceeding may be needed and I hereby agree to make myself available if required to do so. I hereby certify that to the best of my knowledge, and under penalty of perjury, the statements made herein are true.

Signed: _____ **Date** _____