



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

PDCS-1300-1d

<b>INTERNAL AFFAIRS BUREAU USE ONLY</b>	
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 it to: **Suffolk County Police Headquarters, Internal Affairs Bureau (IAB), 30 Yaphank Avenue, Yaphank, NY 11980**.
- Telephone the Internal Affairs Bureau at **631-852-6265**, or free of charge by dialing **1-888-382-1798** (Spanish interpretation is available).
- E-mail Internal Affairs at: **SCPD.INTERNALAFFAIRS@suffolkcountyny.gov**.
- Telephone the **Suffolk County Human Rights Commission** at **631-853-5480**.

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

Name: Last, First, M.I.		Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F
Address		Home Phone	
E-Mail Address	Cell Phone	Work Phone	<input type="checkbox"/> Permission to contact
Person Assisting (Interpreter, Representative)		Relationship	Contact Phone #
If Applicable: Witness Name: Last, First, M.I.		Home Phone	
Address		Cell Phone	

**INCIDENT**

Date of Incident	Time of Incident	Location of Incident
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**EMPLOYEE INFORMATION (if known)**

Rank/Title	Command	Shield	Name	<input type="checkbox"/> M <input type="checkbox"/> F
<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)**

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_