POLICE DEPARTMENT
TOWN OF SHELTER ISLAND
PO BOX 1056
SHELTER ISLAND, NY 11964

Emergency: 911
Non-Emergency: (631) 749-0600 FAX: (631) 749-0637
townpolice@shelterislandtown.gov

Compliment/Complaint Form

Instructions: If you would like to compliment a Shelter Island Town Police Department employee, or file a complaint against a police employee, please write legibly and fill out this form. Personal information will not be disclosed to the public, unless required by law. You can submit this form by mailing or returning it to the Shelter Island Town Police Department at the address given at the top of this page.

I wish to file a (please check one): ☐ **Compliment** ☐ **Complaint**

Notice: You may file a compliment or complaint anonymously. Please understand filing anonymously does not provide the opportunity to contact you for more information or advise you of our actions related to your compliment or complaint.

Your information (may be left blank if you wish to remain anonymous)

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH
STREET ADDRESS and APT#	CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	

Are you filing this on behalf of someone else? ☐ *Yes* ☐ *No* *If Yes, then complete this section*

WHAT IS HIS/HER LAST NAME?	FIRST NAME	M.I.	AGE
STREET ADDRESS and APT#	CITY	STATE	ZIP CODE
WHAT IS HIS/HER RELATIONSHIP TO YOU?	HOME PHONE	WORK / CELL PHONE	

Police Officer or Employee involved

NAME OR ID# OF OFFICER OR EMPLOYEE	NAME OR ID# OF OFFICER OR EMPLOYEE
NAME OR ID# OF OFFICER OR EMPLOYEE	NAME OR ID# OF OFFICER OR EMPLOYEE
NAME OR ID# OF OFFICER OR EMPLOYEE	NAME OR ID# OF OFFICER OR EMPLOYEE

Information about the incident

LOCATION OR ADDRESS OF INCIDENT	DATE OF INCIDENT	TIME OF INCIDENT ☐ AM ☐ PM
WITNESS LAST NAME	FIRST NAME	AGE
WITNESS ADDRESS	CITY / STATE	PHONE

NARRATIVE SECTION

I attest that the above information and my statement is true and correct to the best of my recollection

Signature: _____ Date: _____

SIPD 164 02/21

Accredited by:
New York State Law Enforcement Accreditation Program