

**ROOSEVELT ISLAND  
OPERATING CORPORATION**  
of The State of New York



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## **CIVILIAN COMPLAINT FORM**

**ALL INFORMATION CONTAINED IN THIS REPORT WILL BE KEPT STRICTLY CONFIDENTIAL AND WILL BE SUBMITTED DIRECTLY TO THE DIRECTOR OF PUBLIC SAFETY.**

### **INSTRUCTIONS**

- 1. If you prefer your complaint to be filed anonymously, do not answer questions 1 through 6 a.**
- 2. If you wish to be informed of the disposition of your complaint by the Director of Public Safety, fill the report out completely (include business and residence telephone phone numbers).**
- 3. Item #7: Indicate the date and time you are making your Civilian Complaint.**
- 4. Item #8: Indicate the day, date and time that the occurrence you are filling this complaint about took place.**
- 5. Item #9: Give the best description of the Roosevelt Island Public Safety Dept. member(s) involved and their name and shield numbers, if known.**
- 6. Item #10: Give as complete an explanation as possible of what transpired, and the basis for your complaint.**
- 7. Seal your Civilian Complaint Report in an envelope and return to the Roosevelt Island Public Safety office.**

**If you prefer to file this report anonymously, check the box to the left.  
(DO NOT ANSWER QUESTIONS 1 to 6a below.)**



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**FOR OFFICE USE ONLY:**

**DATE RECEIVED BY DIRECTOR:** \_\_\_\_\_

**DATE INVESTIGATION STARTED:** \_\_\_\_\_

**INVESTIGATOR:** \_\_\_\_\_

**ADDITIONAL COMMENTS:**

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