

Onondaga County Sheriff's Office

Civilian Complaint Report

Onondaga County Sheriff's Office
Internal Affairs
407 South State Street
Syracuse, NY 13202
315-435-3000

Name of Complainant: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Incident: _____ Time of Incident: _____ Case Number: _____

Location of Incident: _____

Name of Deputy involved: _____

Describe the incident and your complaint:

What charges were filed against the complainant: _____

Was the complainant injured during this incident: ____ (yes) ____ (no) If yes, describe injuries:

Witness Name	Address	Phone Number
_____	_____	_____
_____	_____	_____

I have read this statement and swear that the facts contained herein are true and correct to the best of my knowledge and recollection.
