



**Police Department**  
**Town of Marlborough**  
21 Milton Turnpike  
P.O. Box 305  
Milton, New York, 12547  
Phone: (845) 795-2181  
Fax: (845) 795-2199



Gerald T. Coccozza Jr.  
Chief of Police

# Civilian Complaint Form

(Use this form to file a complaint against a Town of Marlborough Police Department employee)

Today's Date: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

**Optional: Complainant information:**

**Name:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Officer(s) Involved: \_\_\_\_\_

Details of incident and complaint:

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Resolution sought by you:

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Do you wish to be contacted? \_\_\_\_\_ Yes

\_\_\_\_\_ No

Are you willing to be interviewed if necessary? \_\_\_\_\_ Yes

\_\_\_\_\_ No

Note:

This form can be completed and filed anonymously if desired. The complaint will be investigated and brought to resolution even if it is filed anonymously. This report will become a permanent record maintained by the Town of Marlborough Police Department.

Please choose one of the following:

Mail or drop off in person to: Chief of Police  
P.O. Box 305  
21 Milton Turnpike,  
Milton, New York 12547

Email: [Gcocozza@marlboroughpoliceny.us](mailto:Gcocozza@marlboroughpoliceny.us)

Fax: 845-795-2199