



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:

Resolution sought by you:

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

Fax: 845-795-2199