



# Schenectady Police Department

531 Liberty Street, Schenectady, NY 12305

Phone: (518) 382-5201 Fax: (518) 382-5299

[www.schenectadypd.com](http://www.schenectadypd.com)



Wayne E. Bennett, Public Safety Commissioner

Brian A. Kilcullen, Chief of Police

Patrick LeGuire  
Assistant Chief of Police  
*Investigative Services Bureau*

Jack Falvo  
Assistant Chief of Police  
*Field Services Bureau*

Michael J. Seber  
Assistant Chief of Police  
*Administrative Services Bureau*

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The Schenectady Police Department encourages citizens to assist in the investigation of complaints against our officers. The statement you are about to give is necessary to complete an investigation. The Police Department takes all precautions to protect the confidentiality of citizens and statements. However, your name or the information you give may have to be revealed as part of the investigation or in conjunction with any administrative or judicial proceedings.

Once your complaint is filed it will be investigated by the Office of Professional Standards. Once the investigation is complete a written summary and finding is issued.

Your complaint will be thoroughly reviewed at various levels; the OPS Commander, Chief of Police and the Civilian Police Review Board all review and approve each case.

Internal investigations and the review of that investigation, including administering discipline when necessary, is a very time consuming process. Please be patient. At the conclusion of the process you will receive written notice of the findings.

Filing a complaint does not bar the filing of a lawsuit for damages or injury, nor does it bar prosecution for perjury or filing a false instrument.

As the Chief of Police I want to thank you in advance for your cooperation and patience during this process.

Sincerely,

*Brian A. Kilcullen*

Brian A. Kilcullen  
Chief of Police



# Schenectady Police Department

## Personnel Complaint Form



OPS Case # \_\_\_\_\_

Date of Report: \_\_\_\_\_

Time of Report: \_\_\_\_\_

Complainant: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ W) \_\_\_\_\_ Other \_\_\_\_\_

Employer: \_\_\_\_\_

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

Date of Incident Complained of: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Standard Incident Report (SIR) Number: \_\_\_\_\_

Personnel Complained of: (name, badge numbers, car number, or physical description)

\_\_\_\_\_  
 \_\_\_\_\_

Were there witnesses present? If Yes: Witness Information: (name, age, address, phone numbers, employment)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If NO: Check Box

Complaint Received By: Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Where Received: \_\_\_\_\_

Complainants Initials: \_\_\_\_\_ I can read and write in the English Language.

Complainants Initials: \_\_\_\_\_ I have personally completed this complaint packet.

Complainants Signature: \_\_\_\_\_ Date: \_\_\_\_\_





