



ENDICOTT POLICE DEPARTMENT

COMPLAINT OR COMPLIMENT FORM

Please include as much information as possible.
Not all fields are mandatory

First Name: _____ Last Name: _____

Street Address: _____

Address Line 2: _____

Zip Code: _____

Phone (Mobile): _____

Phone (Home): _____

Email: _____

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Endicott PD Incident #: _____

Were you arrested or issued a ticket? _____

List the Name, address and/or phone number of any witnesses: _____

Describe the details of your complaint or compliment: _____

Describe any injuries or property damage: _____

Were you injured or did you receive medical treatment? _____

To submit this form:

By mail: Patrick Garey, Chief of Police, 1101 Park Street, Endicott, NY 13760

By email: pgarey@endicottpd.org

In Person: Endicott Police Department, 1101 Park Street, Endicott NY 13760