Form No. Y.P.D. -31	**YONKERS POLICE DEPARTMENT CIVILIAN COMPLAINT FORM**	1. INCIDENT # TICKET #	2. I.A.D. NO.

3. TYPE OF COMPLAINT	4. DATE REPORTED	M	D	Y	TIME	5. WHERE REPORTED

6. DATE OF OCCURR.	M	D	Y	TIME	7. LOCATION OF OCCURRENCE	8. COMMAND INVOLVED

9. DEPARTMENT MEMBERS(S) INVOLVED	10. SHIELD N0.	11. ASSIGNMENT:

12. CIVILIAN NAME:	13. CIVILIAN ADDRESS:	14. PHONE NUMBERS: HOME: CELL:

15. AGE / D.O.B.	16. RACE	17. SEX	18. PLACE OF EMPLOYMENT	19. BUSINESS ADDRESS / PHONE NUMBER

20. WITNESS(S) NAME	21. AGE	22. ADDRESS	APT.#	23. PHONE NUMBERS
				HOME: CELL:
				HOME: CELL:

24. DETAILS OF COMPLAINT: (To be handwritten by Complainant if possible)

25. RECEIVING SUPERVISOR	SHIELD NO.	26. CIVILIANS SIGNATURE

27. I.A.D. NOTIFIED / OPERATIONS LOG NOTIFIED	28. DATE	29. TIME