



Forward completed form to:

LT@VOBPD.com

Bronxville Police Department  
Civilian Complaint Form

I, \_\_\_\_\_ of \_\_\_\_\_  
(Print Name) (Address)  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Date of Birth) (Phone Number) (E-mail)

allege that \_\_\_\_\_, a member of the Bronxville  
Police Department, committed an act of misconduct/violation of the law,  
(describe below):

---

---

---

---

---

---

---

---

---

---

(Add additional pages if needed)

*Notice: If your charge should be determined to be malicious and/or false, the subject officer has  
the right to commence a civil suit against you and the matter may be referred to the District  
Attorney*

Witness Name:

Witness Phone:

Witness Address:

Signature of Complainant

Date

Signature of Witness

Date