

***Complete the form below and email the document to
policereport@greenburghny.com
An officer will contact you to confirm the report was received.***

**Town of Greenburgh Police Department
Incident Report Form**

Official use only
GPD Case # _____

TODAYS DATE: _____ **TIME:** _____

INCIDENT DATE: _____ **TIME:** _____

INCIDENT LOCATION:

Street Address: _____

City: _____ *State:* _____ *Zip:* _____

COMPLAINANT'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE NUMBER: _____ **CELL PHONE:** _____

EMAIL : _____

Preferred contact method for GPD follow up for the report: _____

Best time of day for follow up call from GPD : _____

Please provide a brief summary description of the incident that occurred:
