



Citizen Recognition / Complaint Form

Instructions:

1. Complete this form with as many of the known details as possible. You may leave unknown lines blank.
2. Please have the form notarized. If you wish, a Police Department superior officer will notarize it for you, free of charge.
3. Return the completed form to a superior officer at the police department front desk, or see the on duty captain. You may also mail the completed form to the Chief of Police at the above listed address.
4. You will receive a letter in the mail indicating receipt of your complaints.

COMPLAINANT INFORMATION

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH
HOME PHONE	WORK PHONE	OTHER CONTACT NUMBER	
ADDRESS	TOWN/CITY	STATE	ZIP

OFFICER(S) INVOLVED

OFFICER'S NAME	BADGE #	CAR #
OFFICER'S NAME	BADGE #	CAR #
OFFICER'S NAME	BADGE #	CAR #

WITNESS INFORMATION

LAST NAME	FIRST NAME	M.I.	PHONE
ADDRESS	TOWN/CITY	STATE	ZIP
LAST NAME	FIRST NAME	M.I.	PHONE
ADDRESS	TOWN/CITY	STATE	ZIP
LAST NAME	FIRST NAME	M.I.	PHONE
ADDRESS	TOWN/CITY	STATE	ZIP

INCIDENT DETAILS – PLEASE BE AS SPECIFIC AND DETAILED AS POSSIBLE

DATE OF INCIDENT	TIME OF INCIDENT	CASE # (IF KNOWN)
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LOCATION OF INCIDENT

CONTINUE ON NEXT PAGE

NATURE OF RECOGNITION / COMPLAINT

***USE ADDITIONAL PAPER AND ATTACH IF NECESSARY.**

I declare that the above statement is true and correct. I understand that giving a false statement, which is intended to mislead a public servant in the performance of his/her official function, may be punishable under C.G.S. 53a-157.

Signature of Person Making Complaint

Date Signed

Subscribed to and sworn before me this _____ day of _____, 20_____

Notary