



The General Assembly
State of Connecticut
Joint Committee on Legislative Management

STATE CAPITOL POLICE DEPARTMENT
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Chief of Police

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State Capitol Police Department
Citizen Complaint Form

Complainant's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male [] Female [] Race/Ethnicity: _____

Did you witness the incident: Yes [] No []

If you are filing this complaint on behalf of someone else, please provide this person's information below.

[] Parent [] Spouse [] Relative [] Guardian [] Child [] Friend [] Other _____

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male [] Female [] Race/Ethnicity: _____

WITNESS 1

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male [] Female [] Race/Ethnicity: _____

WITNESS 2

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Ext: _____

Cellular Phone: _____ E-mail Address: _____

Sex: Male [] Female [] Race/Ethnicity: _____

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Please provide a detailed description of the police officer(s) against whom you are complaining.

OFFICER 1:

Rank: _____ Name: _____

Shield/Badge #: _____ Area of Patrol: _____

Was the Officer in: Plain clothes [] or Uniform: []; On foot [] or In Car:[]?

Patrol Car #: _____ License Plate #: _____ Marked Car [] or Unmarked []

Sex: Male [] Female [] Race/Ethnicity: _____

Physical Description (eye color, hair color, approx. height & build, age, etc.):

Please describe the role of this officer in the incident:

OFFICER 2:

Rank: _____ Name: _____

Shield/Badge #: _____ Area of Patrol: _____

Was the Officer in: Plain clothes [] or Uniform: []; On foot [] or In Car:[]?

Patrol Car #: _____ License Plate #: _____ Marked Car [] or Unmarked []

Sex: Male [] Female [] Race/Ethnicity: _____

Physical Description (eye color, hair color, approx. height & build, age, etc.):

Please describe the role of this officer in the incident:

If mediation were offered in an attempt to resolve this complaint, would you be willing to sit down with the officer and a third party to resolve this issue? [] Yes [] No

I have read (or have had read to me) the above statement and it is true to my best of my knowledge, information and belief.

Complainant Signature: _____

(Print Name): _____

Witness Signature: _____

(Print Name): _____

STATE OF CONNECTICUT

COUNTY OF HARTFORD

On this, the ____ day of _____, 200____, before me, _____, the above signed individual, personally appeared and is known to me or satisfactorily proven to be the person whose name is subscribed to this complaint and acknowledges that he/she executed the same for the purpose therein contained. In witness thereof I hereunto set my hand pursuant to Section 1-24 of the Connecticut General Statutes.

Signature _____ Title _____

Complaint Received: Date: _____ Time: _____

Officer Receiving Complaint: _____

Incident Case #: _____ IAD Case #: _____ Classification: _____

Investigator Assigned to: _____ Date Assigned: _____

Disposition: _____ Date of Final Report: _____
