



The General Assembly  
State of Connecticut  
Joint Committee on Legislative Management

STATE CAPITOL POLICE DEPARTMENT  
Walter Lee Jr.  
Chief of Police

STATE CAPITOL  
HARTFORD, CONNECTICUT 06106-1591  
(860) 240-0240  
FAX: (860) 240-5235  
Walter.Lee@cga.ct.gov

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: \_\_\_\_\_

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

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**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: \_\_\_\_\_

**WITNESS 1**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**WITNESS 2**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please provide answers to the following questions:

- 1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone?
- 2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?
- 3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?
- 4. Are you able to read, write and speak the English Language?
- 5. If your answer to Question #4 is "No" or "Unsure", have you been provided with adequate language assistance to help you understand and fill out this form?

YES	NO	UNSURE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(If you answered "Yes" to any of the above questions, please provide details below.)*

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**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 [ ]

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

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Please describe the role of this officer in the incident:

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**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 [ ]

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

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Please describe the role of this officer in the incident:

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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 had read to me, the above and attached complaint and statement. All of the answers are true and accurate to my knowledge. I understand that making a false statement intended to mislead a law enforcement officer in his official function is a violation of Connecticut General Statute 53a-157b and could result in my arrest and being fined and/or imprisoned.**

**Complainant Signature:** \_\_\_\_\_

(Print Name): \_\_\_\_\_

STATE OF CONNECTICUT

COUNTY OF HARTFORD

On this, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, 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: \_\_\_\_\_

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***(Police Department Use Only Beyond This Point)***

Complaint Received: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Officer Receiving Complaint (*Print Name/Rank*): \_\_\_\_\_

Method of Contact (Check):

In Person \_\_\_\_\_ Telephone \_\_\_\_\_ Regular Mail \_\_\_\_\_ E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

Other (Describe): \_\_\_\_\_

Was Complainant received anonymously: Yes [ ] No [ ]

**To Be Completed by Chief of Police:**

Date Received by Chief of Police: \_\_\_\_\_

Classification: Level 1 [ ] Level 2 [ ]

Incident Case #: \_\_\_\_\_ Or CC Case #: \_\_\_\_\_

Investigator Assigned (*Print Name/Rank*):

\_\_\_\_\_

Date Assigned to Investigator: \_\_\_\_\_

Date of Final Report: \_\_\_\_\_

Disposition: Exonerated [ ] Unfounded [ ] Sustained [ ] Not Sustained [ ]

Partially Sustained [ ] With Drawn [ ] Misconduct not based on Original Complaint [ ]