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 [  ]

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?

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
INCIDENT INFORMATION

Date of Incident: ___________________________  Time of Incident: ______________

Location of Incident: __________________________________________________________

Description of the Incident: Please provide a full description of the circumstances that prompted your complaint. Attach supporting documentation, as appropriate; including letters, e-mails, photographs, video or audio tapes.

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(Attach additional pages, if necessary)
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.):

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

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 [ ]

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

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

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: __________________

(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 #: ________________ 0r 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 [ ]