State Capitol Police Department
Luiz Casanova
Chief of Police

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.

(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:

_____________________________________________________________________

_____________________________________________________________________

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 [ ]