



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: _____

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?

| 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.)

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 #: _____ 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 []