

WALLINGFORD POLICE DEPARTMENT

CITIZEN COMPLIMENT/COMPLAINT FORM

Please give this completed document to a Police Supervisor or forward it to: Chief of Police, 135 North Main Street, Wallingford CT 06492

Date of Incident	Time of Incident	Date Reported	Time Reported
Location of Incident			
Complainant's Name		Complainant's Address (Street, City, State, ZIP)	
Complainant's DOB	Complainant's Home Phone#	Complainant's Work Phone#	
Complainant's Cell Phone#		Complainant's E-mail	
Employer		Occupation	
Employer's Address			Employer's Telephone
Name of Person Assisting Complainant	Address		Telephone
Employee Complained about (if known): (Name or physical description, Badge #, Car #, etc.)			
Witness Information (Name, D.O.B., Address, Telephone #, etc.)			
Please provide answers to the following questions:			YES
1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone?			NO
2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?			UNSURE
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?			<input type="checkbox"/>
4. Are you able to read, write and speak the English Language?			<input type="checkbox"/>
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?			<input type="checkbox"/>
<p><i>(If you answered "Yes" to any of the above questions, please provide details below.)</i></p> <p>Details of the Incident: Please provide a full description of the circumstances that prompted your compliment or complaint. Attach supporting documentation, as appropriate; including letters, e-mails, photographs, video or</p>			

audio tapes, etc.

(Attach additional pages, if necessary)

I have read, or had read to me, the above and attached complaint and statement consisting of ___ pages. 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's Signature	Date and Time Signed
On this the ___ day of _____, _____, before me the undersigned officer, personally appeared the complainant whose name is subscribed above and acknowledged that he/she truthfully executed this instrument for the purposes herein contained.	Notary (For Authority See C.G.S. §§1-24, 3-94a et seq.)
	Print Rank/Name/ID Number:

Person Receiving Compliment/Complaint		
Rank/Name/ ID Number	Date Received	Time Received

Method of Contact (Check): Telephone In-Person Mail E-Mail Other

Signature of person receiving form	Complaint Control Number (if applicable)
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