City of Stamford Police Department
Citizen Complaint Form

The City of Stamford Police Department supports citizens to report legitimate complaints against employees of this department. As a result, a thorough, impartial, and confidential investigation will be conducted. Your complaint will be dealt with in an expeditious manner. If this complaint leads to a formal charge against an employee, you may be asked to participate in the hearing and/or arbitration process.

Date of Report:	Time:	Case No: (If Applicable)
How Received:	**Phone** **Walk-In** **Other**	If Other, please explain:
Date of Incident:	Day of Incident:	Time of Incident:
Location of Incident:	Nature of Complaint:	

Complainant:		Date of Birth:	
Address:	City:	State:	Zip Code:
Home Phone#:	Work Phone#:	Cell Phone #:	
Employer:	Occupation:		
Employer's Address:	Employer's Phone#:		

Details of Incident: (Additional space available on second page if needed)

Personnel Complained of: (Name or Physical Description, Badge #, Car #, etc.)

Witness Info: (Name, D.O.B, Address, Telephone #, etc.)

Note: The making of a false written statement under oath or pursuant to a form bearing notice is a violation of Connecticut General Statute 53a-157b, a class A misdemeanor crime. Falsely reporting an incident, or occurrence of an offense or providing false information related to an offense or incident is a violation of Connecticut General Statutes 53a-180c, a class A misdemeanor crime.

Supervisor Receiving Complaint Employee # Complainant's Signature Date

ADMINISTRATIVE USE ONLY

Reviewed by:_____ _____

Name & Rank Shield No:

Date Reviewed:_____ IAD No:_____

Referred to:_____

Action Taken:_____

Details of Incident: (continued)