

CITY OF NEW LONDON CITIZEN'S COMPLAINT AGAINST POLICE PERSONNEL

COMPLAINANT INFORMATION	
NAME _____	
ADDRESS _____	
CITY / STATE _____	
ZIP CODE _____	PHONE _____

FOR OFFICE USE ONLY	
COMPLAINT NO. _____	
FILED WITH: <input type="checkbox"/> CITY MANAGER <input type="checkbox"/> POLICE DEPT.	
DATE RECEIVED AT POLICE DEPT. _____	
RECEIVED BY _____	

IT IS THE POLICY OF THE CITY OF NEW LONDON, TO INVESTIGATE ALL COMPLAINTS OF MISCONDUCT AGAINST POLICE EMPLOYEES. INVESTIGATIONS ARE MADE PURSUANT TO THE GUIDELINES PUBLISHED IN THE CONSENT DECREE ISSUED IN U.S. DISTRICT COURT, CIVIL CASE NO. 8-74-147, DATED 11/12/76. SUCH COMPLAINTS MUST BE MADE WITHIN TEN DAYS OF THE INCIDENT COMPLAINED OF, OR WITHIN TEN DAYS OF THE TIME CRIMINAL CHARGES AGAINST THE COMPLAINANT HAVE FINALLY BEEN DISPOSED OF, WHICH EVER IS LATER. IN ORDER TO ASSIST WITH AN INVESTIGATION INTO YOUR COMPLAINT, WE ASK THAT YOU PROVIDE AS MUCH OF THE FOLLOWING INFORMATION AS POSSIBLE.

DATE & TIME OF INCIDENT _____ LOCATION _____

NAME(S) OF POLICE EMPLOYEES INVOLVED (IF KNOWN) OR OTHER IDENTIFYING DATA: _____

IN YOUR OWN WORDS, PLEASE DESCRIBE THE EVENTS WHICH PROMPTED YOU TO MAKE THIS COMPLAINT. YOU MAY USE THE REVERSE SIDE OF THIS FORM OR ANY ADDITIONAL SHEETS AS NECESSARY. IT MAY BE TYPED OR HANDWRITTEN. IT WOULD BE VERY HELPFUL IF YOU WOULD PRINT INSTEAD OF USING LONGHAND. PLEASE INCLUDE THE NAME, ADDRESS AND PHONE NUMBERS OF ANY WITNESSES.

PAGE ____ OF ____

WITNESSES:		
NAME: _____	ADDRESS: _____	PHONE: _____
NAME: _____	ADDRESS: _____	PHONE: _____

NOTE: UNDER SECTION 53A-157 OF THE CONNECTICUT GENERAL STATUTES, PERSONS MAKING FALSE WRITTEN STATEMENTS WHICH ARE INTENDED TO MISLEAD PUBLIC SERVANTS IN THE PERFORMANCE OF THEIR DUTIES ARE GUILTY OF A **CLASS A** MISDEMEANOR.

SIGNATURE OF COMPLAINANT _____ DATE _____

I CERTIFY THAT I AM THE DULY DESIGNATED AGENT OF THE ABOVE COMPLAINANT AND AM AUTHORIZED BY HI / HER TO FILE THIS COMPLAINT.

SIGNATURE OF COMPLAINANT _____ DATE _____