



CHESHIRE POLICE DEPARTMENT

COMPLIMENT / COMPLAINT FORM

Your Information (if you wish to remain anonymous, your compliment or complaint will still be accepted).

Last Name	First Name	M.I.	Date of Birth
Home Phone	Work Phone		Cell Number
Address	Town/City	State	Zip

Officer(s) Involved

Officers Name	Badge # (if known)	Car #
Officers Name	Badge # (if known)	Car#

Witness Information

Last Name	First Name	M.I.	Phone Number
Address	Town/City	State	Zip
Last Name	First Name	M.I.	Phone Number
Address	Town/City	State	Zip

Incident Details*

Date of Incident	Time of Incident	Location of Incident
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*Please provide as much detail as possible, particularly if you do not know the names of the employees involved. The information you provide will help us to identify a specific employee or incident.

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		
Name / Rank / ID Number:	Date Received:	Time Received:

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

You may return this form by mail; it does not need to be signed by a supervisor to be accepted. We recommend that you keep a copy for your records.

**Cheshire Police Department
500 Highland Avenue
Cheshire, Connecticut 06410**