



# CT State Community College Police Department Citizen Complaint Form

DATE OF COMPLAINT: \_\_\_\_\_ TIME OF COMPLAINT: \_\_\_\_\_  
NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**WITNESSES:**

NAME	ADDRESS	SEX (M/F)	AGE	TELEPHONE NO.
1.) _____	_____	_____	_____	_____
2.) _____	_____	_____	_____	_____
3.) _____	_____	_____	_____	_____

<b><u>OFFICERS INVOLVED:</u></b> NAME	BADGE NO.	SEX (M / F)	RACE	CAR NO.
1.) _____	_____	_____	_____	_____
2.) _____	_____	_____	_____	_____
3.) _____	_____	_____	_____	_____

DATE AND TIME OF INCIDENT: \_\_\_\_\_ LOCATION OF INCIDENT: \_\_\_\_\_

WERE YOU ARRESTED?  YES  NO      WERE YOU INJURED?  YES  NO

DESCRIPTION OF INJURIES: \_\_\_\_\_

DID YOU RECEIVE MEDICAL TREATMENT?  YES  NO

IF YES, PLEASE INDICATE WHERE: \_\_\_\_\_

DESCRIPTION OF INCIDENT: (USE REVERSE SIDE OF THIS FORM IF MORE SPACE IS NEEDED)

I am aware of the obligation of an oath and the facts that knowingly giving of either a false statement or false information is unlawful and punishable by law under Sections 53A-155 and/or 53A-157 of the Connecticut General Statutes.

If you feel that you need assistance in completing this form, you may contact any agency including the NAACP at (203) 621-0258, Spanish American Development Agency (SADA) at 333, 5192, or the Puerto Rican Coalition at 368-6781.

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**OFFICER INITIAL:** \_\_\_\_\_

**COPY OF CC-1 TO CITIZEN:** \_\_\_\_\_

**FILE CARD COMPLETED:** \_\_\_\_\_

**SUBSCRIBED AND SWORN TO BEFORE ME ON:**

**THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_ **20** \_\_\_\_\_.

**FILE NUMBER:** \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF INDIVIDUAL GIVING OATH)

**OIA: DATE COMPLAINT RECEIVED:** \_\_\_\_\_

**CASE NUMBER ASSIGNED:** \_\_\_\_\_