



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.) _____	_____	_____	_____	_____

<u>OFFICERS INVOLVED:</u> 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: _____