



# CITY OF HARTFORD



**Hartford Police Department**  
253 High Street  
Hartford, CT 06106  
Tel: (860) 757-4030



**Office Corporation Counsel**  
550 Main Street  
Hartford, CT 06103  
Tel: (860) 757-9700

## Citizen Complaint Form

Complainant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Sex: Male [ ] Female [ ] Race/Ethnicity: \_\_\_\_\_

Did you witness the incident: Yes [ ] No [ ]

### For Office Use Only

Complaint Received  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
By: \_\_\_\_\_

IAD #: \_\_\_\_\_  
Case #: \_\_\_\_\_  
Classification: \_\_\_\_\_

Investigator: \_\_\_\_\_  
Date Assigned: \_\_\_\_\_  
Date of Final Report: \_\_\_\_\_

**If you are filing this complaint on behalf of someone else, please provide this person's information below.**

Parent    Spouse    Relative    Guardian    Child    Friend    Other \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Sex: Male  Female  Race/Ethnicity: \_\_\_\_\_

**WITNESS 1**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Sex: Male  Female  Race/Ethnicity: \_\_\_\_\_

**WITNESS 2**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Sex: Male  Female  Race/Ethnicity: \_\_\_\_\_



**Please provide a detailed description of the police officer(s) against whom you are complaining.**

**OFFICER 1:**

Rank: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Shield/Badge #: \_\_\_\_\_ Area of Patrol: \_\_\_\_\_

Was the Officer in: Plain clothes [ ] or Uniform: [ ]; On foot [ ] or In Car:[ ]?

Patrol Car #: \_\_\_\_\_ License Plate #: \_\_\_\_\_ Marked Car [ ] or Unmarked [ ]

Sex: Male [ ] Female [ ] Race/Ethnicity: \_\_\_\_\_

Physical Description (eye color, hair color, approx. height & build, age, etc.):

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Please describe the role of this officer in the incident:

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**OFFICER 2:**

Rank: \_\_\_\_\_ Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Shield/Badge #: \_\_\_\_\_ Area of Patrol: \_\_\_\_\_

Was the Officer in: Plain clothes [ ] or Uniform: [ ]; On foot [ ] or In Car:[ ]?

Patrol Car #: \_\_\_\_\_ License Plate #: \_\_\_\_\_ Marked Car [ ] or Unmarked [ ]

Sex: Male [ ] Female [ ] Race/Ethnicity: \_\_\_\_\_

Physical Description (eye color, hair color, approx. height & build, age, etc.):

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Please describe the role of this officer in the incident:

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Please check [ ] below which offense (s) best fits your complaint.

- |   |   |
|---|---|
| <input type="checkbox"/> Commission of a Crime                | <input type="checkbox"/> Harassment                       |
| <input type="checkbox"/> Conduct Unbecoming an Officer        | <input type="checkbox"/> Illegal Search and Seizure       |
| <input type="checkbox"/> Illegal Arrest                       | <input type="checkbox"/> Illegal Search During Arrest     |
| <input type="checkbox"/> Denial of Medical Treatment          | <input type="checkbox"/> Neglect of Duty                  |
| <input type="checkbox"/> Discourteous Attitude                | <input type="checkbox"/> Profane Language                 |
| <input type="checkbox"/> Excessive Force After Arrest         | <input type="checkbox"/> Traffic Complaint                |
| <input type="checkbox"/> Excessive Force During Arrest        | <input type="checkbox"/> Violation of the Code of Conduct |
| <input type="checkbox"/> Excessive Force Without Arrest       | <input type="checkbox"/> Civil Rights Violation           |
| <input type="checkbox"/> Failure to Provide Medical Attention |   |

If mediation were offered in an attempt to resolve this complaint, would you be willing to sit down with the officer and a third party to resolve this issue? [ ] Yes [ ] No

I have read (or have had read to me) the above statement and it is true to my best of my knowledge, information and belief.

**Complainant Signature:** \_\_\_\_\_

(Print Name): \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

(Print Name): \_\_\_\_\_

STATE OF CONNECTICUT  
COUNTY OF HARTFORD

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the above signed individual, personally appeared and is known to me or satisfactorily proven to be the person whose name is subscribed to this complaint and acknowledges that he/she executed the same for the purpose therein contained. In witness thereof I hereunto set my hand pursuant to Section 1-24 of the Connecticut General Statutes.

Signature \_\_\_\_\_

Title \_\_\_\_\_