



Southington Police Department Commendation / Complaint Form

69 Lazy Lane
Southington, CT 06451
860-621-0101

www.southingtonpolice.org

Office Use Only:	
IA#: _____	AR#: _____
Initials: _____	
Date: ____ / ____ / ____	

Instructions: If you would like to praise a Southington Police Department employee, or file a complaint against a police employee, please write legibly and fill out this form. Personal information will not be disclosed to the public, unless required by law. You can submit this form by mailing or returning it to the Southington Police Department at the address given at the top of this page.

I wish to file a (please check one): Commendation Complaint

If you are filing a complaint, indicate the type of complaint you wish to file (you must check one):

- Formal Complaint:** Involves a serious allegation of misconduct, and I want my complaint officially investigated, for which discipline may be imposed, if the allegation(s) are sustained.
- Informal Complaint:** Involves a minor complaint or concern, and I only want my complaint/concerns on record. I understand it will be for informational purposes only. However the matter will be discussed with the employee(s) involved.

Information about you

LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH
STREET ADDRESS and APT#		CITY		STATE	ZIP CODE
HOME PHONE () -	WORK PHONE () -	CELL PHONE () -		S E X	MALE
					FEMALE

Are you filing this on behalf of someone else? Yes No If Yes, then complete this section

WHAT IS HIS/HER LAST NAME?	FIRST NAME	AGE	S E X	MALE
STREET ADDRESS and APT#		CITY	STATE	ZIP CODE
WHAT IS HIS/HER RELATIONSHIP TO YOU?	HOME PHONE () -	WORK / CELL PHONE () -		

Information about the incident

LOCATION OR ADDRESS OF INCIDENT		DATE OF INCIDENT / /	TIME OF INCIDENT : AM / PM
WITNESS LAST NAME	FIRST NAME	AGE	S E X
WITNESS ADDRESS		CITY	STATE
NAME OR ID# OF OFFICER OR EMPLOYEE		PHONE () -	
NAME OR ID# OF OFFICER OR EMPLOYEE		NAME OR ID# OF OFFICER OR EMPLOYEE	

Nature of action: Check all that apply and briefly describe what happened on a separate sheet of paper (date & sign it)

<input type="checkbox"/> Extremely helpful	<input type="checkbox"/> Excessive and/or improper use of force	<input type="checkbox"/> Rudeness, discourtesy, offensive language
<input type="checkbox"/> Very caring/empathetic	<input type="checkbox"/> False arrest	<input type="checkbox"/> Violation of civil rights
<input type="checkbox"/> Professional conduct	<input type="checkbox"/> Unlawful search and/or seizure	<input type="checkbox"/> Bias-based profiling
<input type="checkbox"/> Did a great job	<input type="checkbox"/> Dishonesty and untruthfulness	<input type="checkbox"/> Department procedures or tactics
<input type="checkbox"/> Made an extra effort	<input type="checkbox"/> Corruption	<input type="checkbox"/> Other

I attest that the above information and my statement is true and correct to the best of my recollection.

Signature: _____ Date: ____ / ____ / ____

The citizen has received a copy of this page and a Commendation/Complaint Brochure. _____

FOR DEPARTMENT USE ONLY: To be completed by the Supervisor or Unit receiving or initiating a complaint.

	CATEGORY	DESCRIPTION	
	CLASS A	Complaint of alleged conduct whose possible disciplinary impact upon an employee may result in a suspension, termination, demotion or referral for criminal investigation.	
	CLASS B	Any complaint, which on its face would not result in discipline more serious than a written reprimand.	
	Administrative Review	Any complaint that on its face would not result in discipline or would have a training disposition.	Employee notified on / /

Signature of Supervisor receiving / initiating the complaint

OFFICER: _____ ID#: _____ DATE: ____ / ____ / ____

Forward this report to your on-duty Shift Commander for review

Signature of Shift Commander

OFFICER: _____ ID#: _____ DATE: ____ / ____ / ____

Forward this report to the Support Services Captain after review by the Shift Commander

To be completed by the Support Services Captain

	CASE ASSIGNED TO	DATE ASSIGNED	DATE COMPLETED
	SHIFT LEVEL SUPERVISOR		
	SPECIAL UNIT SUPERVISOR		
	COMMENDATION ONLY		

	FINDING (Refer to G.O. 52-12)	DATE COMPLETED
	EXONERATED	
	UNFOUNDED	
	NOT SUSTAINED	
	SUSTAINED	
	COMPLAINT WITHDRAWN	
	POLICY FAILURE	
	PARTIALLY SUSTAINED	
	CONCILIATION	

Signature of Chief of Police

CHIEF OF POLICE:

DATE: