



# 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 FEMALE
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 MALE FEMALE
WITNESS ADDRESS	CITY	STATE	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: \_\_\_\_/\_\_\_\_/\_\_\_\_