

Bridgeport Police Department Citizen Complaint Form

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

<u>WITNESSES:</u> NAME	ADDRESS	(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 BELOW: SUBSCRIBED AND SWORN TO BEFORE ME ON:

COPY OF CC-1 TO CITIZEN: _____ THIS _____ DAY OF _____ 20_____.

FILE CARD COMPLETED: _____
(SIGNATURE OF INDIVIDUAL GIVING OATH)

FILE NUMBER: _____

OIA: DATE COMPLAINT RECEIVED: _____ CASE NUMBER ASSIGNED: _____