



SEYMOUR POLICE DEPARTMENT COMMENDATION / COMPLAINT FORM

11 FRANKLIN STREET
SEYMOUR, CT. 06483
WWW.SEYMOURPOLICE.ORG

Official Use Only:

IA#: _____

Initials: _____

Date: _____

Instructions: If you would like to praise an Seymour 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 Seymour 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 [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.

Information about you

Last Name:		First Name		M.I.	Date of Birth	
Street Address			City		State	Zip
Home Phone		Work Phone			Cell Phone	
Sex Male <input type="checkbox"/>	Female <input type="checkbox"/>	Email Address				

Are you completing this form on behalf of someone else? Yes No

His/Her Last Name?:		First Name		M.I.	Date of Birth	
Street Address			City		State	Zip
Home Phone		Work Phone			Cell Phone	
Sex Male <input type="checkbox"/>	Female <input type="checkbox"/>	Email Address				

Information about the Incident

Location or Address of Incident			Date of Incident		Time
Witness Last Name		First Name		Age	Sex
Witness Address		City		State	Phone
Name or ID# of Officer(s) or Employee(s)					

Please Flip over to the backside and continue to complete the Form



Nature Of the action: Check all that apply and briefly describe what happened below (date & sign it)

<input type="checkbox"/> Extremely Helpful	<input type="checkbox"/> Excessive and/or improper use of force	<input type="checkbox"/> Rudeness, discourtesy, and 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"/> Biased-based profiling
<input type="checkbox"/> Did a great job	<input type="checkbox"/> Dishonesty and untruthfulness	<input type="checkbox"/> Department procedures or tactics

I make the following statement, without fear, threat, or promise, knowing that it may be used against me in court. I have been advised that any statement(s) made herein which I do not believe to be true and which statement is intended to mislead a public servant in the performance of his/her official function, is a crime under C.G.S. Section 53a-157.

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 Commendation/Complaint Brochure **OFF ID# _____**

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

	CATEGORY	DESCRIPTION
<input type="checkbox"/>	CLASS 1	Allegations that have the potential of damaging the reputation of the Department or its personnel and generally include, but are not limited to, allegations of serious misconduct, serious violations of <i>Standards of Conduct</i> and other written directives, or criminal conduct.
<input type="checkbox"/>	CLASS 2	Allegations that generally include, but are not limited to, allegations of a non-serious nature and violations of <i>Standards of Conduct</i> and other written directives of a non-serious nature.
<input type="checkbox"/>	CLASS 3	Minor complaints by a citizen desiring to make an informal complaint. Employee notified on against an employee of a minor nature, generally involving an employee's conduct and/or behavior.
<input type="checkbox"/>	CLASS 4	Minor complaints by a citizen who contacts the Department questioning or informally complaining about a procedure or tactic used by the Department or its employees.

Signature of Supervisor receiving /initiating the complaint : _____ ID#: _____ Date: ____ / ____ / ____
 Forward this report to the Inspector

Signature of Inspector : _____ ID#: _____ Date: ____ / ____ / ____
 Forward this report to the Police Chief

To be completed by the Internal Affairs Supervisor

	CASE ASSIGNED TO	DATE ASSIGNED	DATE COMPLETED
<input type="checkbox"/>	UNIT/SHIFT LEVEL		
<input type="checkbox"/>	INTERNAL AFFAIRS UNIT		
<input type="checkbox"/>	NO INVESTIGATION NEEDED (3 or 4) only		
<input type="checkbox"/>	CLASS 4		

To be completed by the Chief of Police Signature of the Chief of Police _____

	FINDING	DATE COMPLETED
<input type="checkbox"/>	EXONERATED	
<input type="checkbox"/>	UNFOUNDED	
<input type="checkbox"/>	NOT SUSTAINED	
<input type="checkbox"/>	SUSTAINED	
<input type="checkbox"/>	MISCONDUCT NOT BASED ON ORIGINAL COMPLAINT	
<input type="checkbox"/>	COMPLAINT WITHDRAWN	
<input type="checkbox"/>	POLICY FAILURE/SUMMARY ACTION/RECONCILED	

