



Fairfield Police Department
 100 Reef Road, Fairfield, CT 06824

CITIZEN COMPLAINT FORM

<i>FPD USE ONLY</i>	
DATE RECEIVED	
TIME RECEIVED	
RECEIVED BY (PRINT NAME)	

Instructions:

1. Complete with as many details as possible.
2. Return the completed form to the Office of the Chief of Police.

COMPLAINANT INFORMATION

This form is to be completed by the person making the complaint.

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	SEX	RACE
HOME PHONE	WORK PHONE & EXTENSION		DRIVER LICENSE NUMBER & STATE		
ADDRESS		TOWN / CITY	STATE	ZIP	

OFFICER(S) / EMPLOYEE INVOLVED

OFFICER'S / EMPLOYEE'S NAME	BADGE #	CAR #
OFFICER'S / EMPLOYEE'S NAME	BADGE #	CAR #
OFFICER'S / EMPLOYEE'S NAME	BADGE #	CAR #

OFFICER'S / EMPLOYEE'S NAME	BADGE #	CAR #
OFFICER'S / EMPLOYEE'S NAME	BADGE #	CAR #
OFFICER'S / EMPLOYEE'S NAME	BADGE #	CAR #

WITNESS INFORMATION

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	SEX	RACE
HOME PHONE	WORK PHONE & EXTENSION		DRIVER LICENSE NUMBER & STATE		
ADDRESS		TOWN / CITY	STATE	ZIP	

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	SEX	RACE
HOME PHONE	WORK PHONE & EXTENSION		DRIVER LICENSE NUMBER & STATE		
ADDRESS		TOWN / CITY	STATE	ZIP	

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	SEX	RACE
HOME PHONE	WORK PHONE & EXTENSION		DRIVER LICENSE NUMBER & STATE		
ADDRESS		TOWN / CITY	STATE	ZIP	

INCIDENT DETAILS

Please be as specific and detailed as possible

DATE OF INCIDENT	TIME OF INCIDENT	FPD FILE # (if known)
LOCATION OF INCIDENT		

NATURE OF COMPLAINT
