



# FAIRFIELD POLICE DEPARTMENT

100 Reef Road  
Fairfield, Connecticut 06824

FPD FILE #:

DATE:

## SHOPLIFTING COMPLAINT FORM

<b>COMPLAINANT</b>	STORE NAME	STORE ADDRESS		
	COMPLAINANT NAME	COMPLAINANT POSITION	COMPLAINANT DATE OF BIRTH	

<b>A CCUSED</b>	NAME	DATE OF BIRTH:
	HOME ADDRESS: # street apt # city / town state	

### SUMMARY OF OFFENSE

DATE OF OFFENSE	TIME OF OFFENSE	AM PM
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### DESCRIPTION OF ITEMS:

ITEM	#	VALUE EACH	TOTAL VALUE	ITEM	#	VALUE EACH	TOTAL VALUE
1.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

**TOTAL VALUE: \$**

### INCIDENT DETAILS:

I, the above complainant, observed the accused enter the \_\_\_\_\_ department(s), pick up the above listed item(s) and conceal the merchandise in \_\_\_\_\_. The accused then proceeded past the check out counter without paying for the above listed merchandise. The accused was apprehended as he / she attempted to exit the store. I request that the accused be arrested and will appear in court if necessary. I understand that pursuant to section 53a-157 of the State of Connecticut Penal Code, false statements are punishable by law.

\_\_\_\_\_  
SIGNATURE OF THE COMPLAINANT

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC / POLICE OFFICER