



Meriden Police Department Employee Complaint Form

50 West Main Street
Meriden, CT 06451
203-630-6339
www.cityofmeriden.org

Office Use Only:
IA: _____
Initials: _____
Date: _____

Instructions: If you would like to 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 it or returning it to the Meriden Police Department at the address given at the top of this page.

• I wish to file a (please check one):

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/concern on record. I understand it will be for informational purposes only, will not be formally investigated. However the matter will be discussed with the employee(s) involved.

Information about you

Last Name		First Name		Date of Birth	
Street Name and Apt#		City		State & Zip Code	
Home Phone	Work Phone		Cell Phone		Sex ☐ Male ☐ Female

Information about the incident

Location or address of the Incident		Date of Incident		Time of Incident	
Witness Last Name		First Name		Date of Birth	
Witness Street Name and Apt#		City		State & Zip Code	
Home Phone	Work Phone		Cell Phone		Sex ☐ Male ☐ Female

Name or ID# of Officer or Employee #1	Name or ID# of Officer or Employee #2
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Nature of action: Please use the narrative section below to briefly describe what happened. If you need to use a separate sheet of paper to continue, please make sure you sign and date it.

Knowingly making a false statement is a Class A Misdemeanor, and it is punishable by law. I have read the above statement, or it was read to me. I understand it and it is true to the best of my knowledge.

Signature _____ Date: _____

C.G.S Section 53a-157b. (Formerly Sec. 53a-157). False statement in the second degree: Class A misdemeanor. (a) A person is guilty of false statement in the second degree when he intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his official function.

Signature of Supervisor receiving or initiating this complaint

Officer: _____ ID#: _____ Date: _____

Forward this report to the Professional Standards Unit

FOR DEPARTMENT USE ONLY: To be completed by the Professional Standards Unit

Category	Description
Class 1	Allegations that have the potential of damaging the reputation of the Department or it's personnel and generally include, but not limited to, allegations of serious misconduct, serious violations of Standards of Conduct and other written directives, or criminal conduct.
Class 2	Allegations that generally include, but are not limited to, allegations of a non-serious nature and violations of Standards of Conduct and other written directives on a non-serious nature.
Class 3	Minor complaints by a citizen desiring to make an informal complaint against an employee of a minor nature, generally involving an employee's conduct and/or behavior or 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.

Employee notified on:

Signature of Professional Standards Commander

Officer: _____ ID#: _____ Date: _____

Forward this report to the Chief of Police

To be completed by the Professional Standards Unit

CASE ASSIGNED TO	DATE ASSIGNED	DATE COMPLETED
UNIT/SHIFT LEVEL		
INTERNAL AFFAIRS UNIT		
CASE ASSIGNED TO		

To be completed by the Chief of Police

FINDING(Refer to G.O. 3.8.10)	DATE COMPLETED
EXONERATED	
UNFOUNDED	
NOT SUSTAINED	
SUSTAINED	
MISCONDUCT NOT BASED ON ORIGINAL COMPLAINT	
COMPLAINT WITHDRAWN	
POLICY FAILURE	

Signature of the Chief of Police

Date: _____

Chief of Police
City of Meriden, Connecticut