

Stratford Police Department
900 Longbrook Avenue
Stratford, CT 06614
 Phone (203) 385-4110 Fax (203) 385-4019
www.townofstratford.com



Citizen Complaint And Officer Recognition Form

SPD
 Case# _____

Date of Week Incident Occurred		Date of Incident		Time of Incident		Location of Incident		
Complainant's Name: Last, First, M.			Date of Birth	Age	Sex	Race, Ethnicity or National Origin		
Home Address(#, Street, City, State, Zip)						Phone Number		
Officer/s Involved (Name, Badge Number)						Police Vehicle#/ Description		
Physical Description of Officer/s (hair and eye color, height, sex, race/ethnicity, ect.) **if you don't have name and badge#**								
Describe Injuries (if any)				If Treated, Where? (Name of Hospital, Doctor, ect.)				
Preferred Language of Communication (if other than English)								
Names, Address, Telephone Number/s of Witnesses Including Other Police Officers (Not Necessary For Officer Recognition)								
Have you reported this to anyone previously? Yes No			If So, Whom?			Date Reported:		
Supervisor Receiving Complaint / Recognition			ID#	Place Taken:			Date:	Time:

TURN OVER

