# STRATEGROE

# STRATFORD POLICE DEPARTMENT

900 Longbrook Avenue • Stratford, Connecticut 06614-5099 (203) 385-4110 • Fax: (203) 385-4019

Joseph D. M<sup>c</sup>Neil Chief of Police John D. Popik
Deputy Chief

### Dear Citizen:

The Stratford Police Department continuously strives to maintain a high level of professionalism and courtesy in the performance of our duties. In most situations, there is a mutual understanding between the officer and the citizen. However, we do realize that sometimes an officer's conduct and/or actions need to be scrutinized. We also realize that sometimes citizens want to recognize officers for going above and beyond the call of duty. Attached you will find the "Citizen Complaint and Officer Recognition Form." Whichever is the case, this form and procedure have been developed for your convenience.

Please fill out the form completely and accurately to the best of your knowledge. Only include statements or facts about events you have personally witnessed. If there are other witnesses, please ensure that you put their proper name(s) and accurate contact information on the appropriate part of the form.

<u>For Complaints Only</u>: It is suggested, <u>but not required</u>, that you have the form notarized. Also, in order for us to conduct a thorough investigation and take any necessary steps to remedy your complaint, <u>the completed form must be returned to the Department within sixty (60) days of the date and the original incident.</u>

<u>For Officer Recognition</u>: You do not have to include witnesses if you don't want to and the 60 day return policy does not apply. <u>However, we would like to receive the information as soon as possible so that we can commend the officer(s) in a timely manner.</u>

Please place the completed form in a <u>sealed envelope</u>, and mark it to the attention of the Chief's Office. You may drop it off in person or mail it to the Stratford Police Department, 900 Longbrook Avenue, Stratford, CT 06614.

Upon receipt, your complaint will be reviewed to determine the appropriate course of action. In any event, a police supervisor will contact you by telephone or mail regarding your complaint. You may be required to provide additional information and statements to assist in a thorough investigation of your complaint. If you filed a complaint, we will make every effort to update you on a periodic basis on the progress of the investigation. You will also be notified in writing of the final disposition of your complaint.

Please be assured that the Stratford Police Department will investigate your complaint in an impartial and unbiased manner without favoritism or intimidation. Conversely, we will ensure that any officer(s) you wish to commend are notified in a timely manner and a copy of the completed form will be placed in their personnel file. It is very rewarding to both the officers and the Department as a whole when we know our efforts are appreciated by you, the citizens to whom we took an oath to serve and protect.

Sincerely,

Ohief of Police



## STRATFORD POLICE DEPARTMENT 900 LONGBROOK AVENUE STRATFORD, CT 06614

Phone (203) 385-4110 Fax (203) 385-4019

www.townofstratford.com



# CITIZEN COMPLAINT AND

SPD CASE #\_\_\_\_

OFFICER RECOGNITION FORM										
Day of Week Incident Occurred	Date of In	cident	Time o	of Incident	Loca	ation of	fIncident			
Complainant's Name – Last, First, Middle Date of Bir			irth	Age	Sex	Race,	, Ethnicity or National Origin			
Home Address (#, Street, City, State, Zip)							Home Telep	phone/Cell Pho	one	
Work Address (if applicable)			Occ	Occupation V				Work Telephone/Cell Phone		
Officers Involved (Name, Badge r	number, etc	)						Police Vehic	le # /Description	
Physical Description of Officer(s) (hair and eye color, height, sex, race/ethnicity, etc.)										
Describe Injuries (if any)			Where Treated (Name of hospital, doctor, etc.)							
Preferred Language of Communication (if other than English)										
Names, Address, Telephone Numb (NOT NECESSARY F	OR OFFIC	ER RECO	GNIT	ION)	ice offic	cers			ē	
			So, W	hom?			Date			
Yes	No			T-2-2-050	211		ELECT IN		1 STORE	
Person Receiving Complaint / Rec	ognition:	ID No.#		Place Ta	ken:		Date:		Time:	

Complainant / Citizen Name:	Last	First	Middle	SPD Case #
Print Summary of Incide	nt / Reason f	or Complaint or Recognitio	n:	
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Attach Additional Pages 1	i Necessary		Page	of
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DATE	-	SIGNED		
	SUBSCRIB	ED AND SWORN TO BEFORE		
		NOTARY		
COPY OF THIS COMPLETE	D FORM GIV	EN TO THE COMPLAINANT/C	TITIZEN BY:	
		BADGE # (IF A	PPLICABLE)	
SPD FORM CCE-2010 REV 8			, <del></del>	