



CCSU Police Department  
Complaint Against Department Employee

Today's Date/Time

Name of Complainant (Please Print)

Campus / Local Housing Address

Relationship to CCSU

email

Employee

Student

Visitor

Home Phone  Date of Birth  Cell Phone

Location of Incident  Date/Time of Incident

Name of Employee(s) that are the Subject of your Complaint (if known)

1.

2.

Please Explain what Happened

Person(s) Who Actually Saw Event

Name	<input type="text"/>	Address	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	Address	<input type="text"/>	Phone Number	<input type="text"/>

Please explain what action you would like taken to resolve your complaint.

<p><b>Please Read Before Signing</b> I understand that it is a violation of the law to willfully make a false report. in the event the report is shown to be wilfully false, the information may be provided to the State's Attorney for possible prosecution. C.G.S. Sec. 53a157b</p>	<p><b>Signature</b></p>
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No action will be taken against anyone who, acting in good faith, makes a complaint whether or not the complaint is sustained. Also, making a complaint will have no effect on any parking ticket or any matter before the Court, e.g. a pending traffic or criminal case.

Complete and send this form to:

Office of the Chief of Police  
CCSU Police Department  
1615 Stanley St.  
New Britain, CT 06050

Once received, your complaint will be reviewed and assigned for investigation. An investigator will contact you if additional information is needed. The Police Department will notify you in writing of the findings of the investigation as well as any actions taken as a result.