



Ansonia Police Department Commendation / Complaint Form

2 Elm Street
Ansonia, CT 06401
www.cityofansoniam.com

Office Use Only:

IA#: _____

Initials: _____

Date: ____/____/____

Instructions: If you would like to praise an Ansonia Police Department employee, or 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 or returning it to the Ansonia Police Department at the address given at the top of this page.

I wish to file a (please check one): Commendation Complaint

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/concerns 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		M.I.	DATE OF BIRTH / /
STREET ADDRESS and APT#		CITY		STATE	ZIP CODE
HOME PHONE () -	WORK PHONE () -	CELL PHONE () -		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

Are you filing this on behalf of someone else? Yes No *If Yes, then complete this section*

WHAT IS HIS/HER LAST NAME?	FIRST NAME	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET ADDRESS and APT#	CITY	STATE	ZIP CODE
WHAT IS HIS/HER RELATIONSHIP TO YOU?	HOME PHONE () -	WORK / CELL PHONE () -	

Information about the incident

LOCATION OR ADDRESS OF INCIDENT	DATE OF INCIDENT / /	TIME OF INCIDENT : AM / PM	
WITNESS LAST NAME	FIRST NAME	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
WITNESS ADDRESS	CITY	STATE	PHONE () -
NAME OR ID# OF OFFICER OR EMPLOYEE	NAME OR ID# OF OFFICER OR EMPLOYEE		

Nature of action: Check all that apply and briefly describe what happened on a separate sheet of paper (date & sign it)

<input type="checkbox"/> Extremely helpful	<input type="checkbox"/> Excessive and/or improper use of force	<input type="checkbox"/> Rudeness, discourtesy, and offensive language
<input type="checkbox"/> Very caring/empathetic	<input type="checkbox"/> False arrest	<input type="checkbox"/> Violation of civil rights
<input type="checkbox"/> Professional conduct	<input type="checkbox"/> Unlawful search and/or seizure	<input type="checkbox"/> Bias-based profiling
<input type="checkbox"/> Did a great job	<input type="checkbox"/> Dishonesty and untruthfulness	<input type="checkbox"/> Department <i>procedures or tactics</i>
<input type="checkbox"/> Made an extra effort	<input type="checkbox"/> Corruption	<input type="checkbox"/> Other

I attest that the above information and my statement is true and correct to the best of my recollection

Signature: _____

Date: ____/____/____

The citizen has received a copy of this page and a *Commendation/Complaint Brochure*.

Officer's ID#

FOR DEPARTMENT USE ONLY: To be completed by the Supervisor or Unit receiving or initiating a complaint

	CATEGORY	DESCRIPTION
<input type="checkbox"/>	CLASS 1	Allegations that have the potential of damaging the reputation of the Department or its personnel and generally include, but are not limited to, allegations of serious misconduct, serious violations of <i>Standards of Conduct</i> and other written directives, or criminal conduct.
<input type="checkbox"/>	CLASS 2	Allegations that generally include, but are not limited to, allegations of a non-serious nature and violations of <i>Standards of Conduct</i> and other written directives of a non-serious nature.
<input type="checkbox"/>	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.
<input type="checkbox"/>	CLASS 4	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

Signature of Supervisor receiving / initiating the complaint

OFFICER: _____ ID#: _____ DATE: ____/____/____

Forward this report to the Administrative Lieutenant for review

Signature of Lieutenant

OFFICER: _____ ID#: _____ DATE: ____/____/____

Forward this report to the Chief of Police

To be completed by the Internal Affairs Supervisor

	CASE ASSIGNED TO	DATE ASSIGNED	DATE COMPLETED
<input type="checkbox"/>	UNIT / SHIFT LEVEL		
<input type="checkbox"/>	INTERNAL AFFAIRS UNIT		
<input type="checkbox"/>	NO INVESTIGATION NEEDED (3 or 4 only)		
<input type="checkbox"/>	COMMENDATION ONLY		

To be completed by the Chief of Police

	FINDING	DATE COMPLETED
<input type="checkbox"/>	EXONERATED	
<input type="checkbox"/>	UNFOUNDED	
<input type="checkbox"/>	NOT SUSTAINED	
<input type="checkbox"/>	SUSTAINED	
<input type="checkbox"/>	MISCONDUCT NOT BASED ON ORIGINAL COMPLAINT	
<input type="checkbox"/>	COMPLAINT WITHDRAWN	
<input type="checkbox"/>	POLICY FAILURE/SUMMARY ACTION/RECONCILED	

Signature of Chief of Police

CHIEF OF POLICE: _____ DATE: ____/____/____