



Administrative Case Number: _____

BLOOMFIELD POLICE DEPARTMENT

785 Park Avenue, Bloomfield, Connecticut 06002-2444
Voice: 860-242-5501 www.bloomfieldct.org Fax: 860-242-9316
Email: contact.bpd@bloomfieldpolice.org

UNIFORM CITIZEN COMPLAINT REPORT

The Bloomfield Police Department will accept, document, review, and investigate all instances of alleged misconduct or violations of policy, and will fairly determine the validity of the allegations and take appropriate action as warranted.

As a concerned citizen, you are encouraged to speak with a supervisor to file a complaint, but are not obligated to do so. Anonymous complaints will be accepted for investigation. It is important to know, however, that anonymous complaints significantly detract from the Department's ability to investigate the actions of its employees and may result in a finding that fails to prove or disprove the allegations set forth. Additionally, there are certain circumstances where, absent a signed and sworn statement from a person alleging the misconduct, the Department may be unable to take appropriate action, even if it is found that the alleged act did occur as reported.

Disputes over the validity of a traffic infraction or a criminal citation are outside the scope of a complaint and should be appealed to the appropriate judicial venue noted on the Infraction or Criminal notice issued.

Complainant: Please provide the information requested below, giving a full description of the circumstances that prompted your complaint. Please give this completed form to a police supervisor, or mail it to: Chief of Police, Bloomfield Police Department, 785 Park Avenue, Bloomfield, CT 06002-2444, or email it to: contact.bpd@bloomfieldpolice.org.

Date of Incident	Time of Incident	Date Reported	Time Reported
Location of Incident			
Complainant's Name		Complainant's Address (Street, City, State, ZIP)	
Complainant's DOB	Complainant's Home Phone#	Complainant's Work Phone#	
Complainant's Cell Phone#		Complainant's E-mail	
Employer		Occupation	
Employer's Address		Employer's Telephone	
Name of Person Assisting Complainant	Address		Telephone
Employee Complained about (if known): (Name or physical description, Badge #, Car #, Case Number, etc.)			
Witness Information (Name, D.O.B., Address, Telephone #, etc.)			

Complainant's Understanding of BPD Action Regarding This Complaint – BPD Case No. _____

After discussing this complaint with _____ :

_____ I understand that my complaint will be assigned to an appropriate officer for a full investigation of the incident. I will be advised of the findings and expected actions the Agency will take (if warranted) when the investigation is complete.

_____ I have a more complete understanding of the situation that prompted my complaint and now wish to withdraw the complaint without prejudice.

_____ I would like to make the following additional statement/recommendations for the record:

Continue below or on additional pages if more space is needed.

Person Making Statement:

Date:

L.S. _____

Supervisor Accepting Statement:

Date Received:

L.S. _____ ID _____
