Meriden Police Department
Commendation / Complaint Form

50 West Main Street
Meriden, CT 06451
203-630-6339
www.cityofmeriden.org

Office Use Only:

IA#: _____

Initials: _____

Date: _____ / _____ / _____

Instructions: If you would like to praise a Meriden 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 Meriden 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
( ) -	( ) -	( ) -	☐ MALE ☐ 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
			☐ MALE ☐ 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
			☐ MALE ☐ 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)

☐ Extremely helpful	☐ Excessive and/or improper use of force	☐ Rudeness, discourtesy, and offensive language
☐ Very caring/empathetic	☐ False arrest	☐ Violation of civil rights
☐ Professional conduct	☐ Unlawful search and/or seizure	☐ Bias-based profiling
☐ Did a great job	☐ Dishonesty and untruthfulness	☐ Department *procedures or tactics*
☐ Made an extra effort	☐ Corruption	☐ 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	
☐	**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 *Standards of Conduct* and other written directives, or criminal conduct.	
☐	**CLASS 2**	Allegations that generally include, but are not limited to, allegations of a non-serious nature and violations of *Standards of Conduct* and other written directives of a non-serious nature.	
☐	**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.	**Employee notified on** / /
☐	**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 your on-duty Unit / Watch Commander for review

Signature of Unit / Watch Commander

OFFICER: _____ **ID#:** _____ **DATE:** _____ / _____ / _____

Forward this report to the Internal Affairs Unit after review by the Unit / Watch Commander

To be completed by the Internal Affairs Unit

☐	CASE ASSIGNED TO	DATE ASSIGNED	DATE COMPLETED
⑨	**UNIT / SHIFT LEVEL**		
⑨	**INTERNAL AFFAIRS UNIT**		
⑨	**NO INVESTIGATION NEEDED (3 or 4 only)**		
⑨	**COMMENDATION ONLY**		

To be completed by the Chief of Police

☐	FINDING (Refer to G.O. 52.1.9)	DATE COMPLETED
☐	**EXONERATED**	
☐	**UNFOUNDED**	
☐	**NOT SUSTAINED**	
☐	**SUSTAINED**	
☐	**MISCONDUCT NOT BASED ON ORIGINAL COMPLAINT**	
☐	**COMPLAINT WITHDRAWN**	
☐	**POLICY FAILURE**	

Signature of Chief of Police

CHIEF OF POLICE: **DATE:** / /