

WINCHESTER POLICE DEPARTMENT

338 MAIN ST., WINSTED CONNECTICUT



CITIZEN COMPLIMENT/COMPLAINT FORM

NAME: _____

ADDRESS: _____

DOB: _____ PHONE: _____ BUSINESS PHONE: _____

TODAY'S DATE: _____

LOCATION OF INCIDENT: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

WITNESSES:

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

OFFICER (S) INVOLVED: _____ RANK/BADGE #: _____

NATURE OF INCIDENT: _____

By affixing my signature to this statement, I acknowledge that I have read it, and/or it has been read to me and that it is true to the best of my knowledge and belief.

SIGNATURE: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20_____