

STONINGTON POLICE DEPARTMENT  
MOTOR VEHICLE STOP CITIZEN'S COMPLAINT FORM

COMPLAINANT INFORMATION
NAME _____
ADDRESS _____
CITY/STATE _____
ZIP CODE _____ PHONE _____

<b>FOR OFFICE USE ONLY</b>
COMPLAINT NO: _____
DATE RECEIVED AT POLICE DEPT. _____
RECEIVED BY: _____

IN ORDER TO ASSIST WITH AN INVESTIGATION INTO YOUR COMPLAINT OF A MOTOR VEHICLE STOP, WE ASK THAT YOU PROVIDE AS MUCH OF THE FOLLOWING INFORMATION AS POSSIBLE:
DATE & TIME OF MOTOR VEHICLE STOP: _____ LOCATION: _____
NAME(S) OF POLICE EMPLOYEES INVOLVED (IF KNOWN) OR OTHER IDENTIFYING DATA: _____
_____

IN YOUR OWN WORDS, PLEASE DESCRIBE THE EVENTS WHICH PROMPTED YOU TO MAKE THIS COMPLAINT. YOU MAY USE THE REVERSE SIDE OF THIS FORM OR ANY ADDITIONAL SHEETS AS NECESSARY. IT MAY BE TYPED OR HANDWRITTEN. IT WOULD BE VERY HELPFUL IF YOU WOULD PRINT INSTEAD OF USING LONGHAND. PLEASE INCLUDE THE NAME, ADDRESS AND PHONE NUMBERS OF ANY WITNESSES.

PAGE \_\_\_ OF \_\_\_

WITNESSES:
NAME: _____ ADDRESS: _____ PHONE: _____
NAME: _____ ADDRESS: _____ PHONE: _____

**NOTE:** UNDER SECTION 53A-157 OF THE CONNECTICUT GENERAL STATUTES, PERSONS MAKING FALSE WRITTEN STATEMENTS WHICH ARE INTENDED TO MISLEAD PUBLIC SERVANTS IN THE PERFORMANCE OF THEIR DUTIES ARE GUILTY OF A **CLASS A** MISDEMEANOR.

SIGNATURE OF COMPLAINANT: \_\_\_\_\_ DATE: \_\_\_\_\_