

## GTCC Police Department Complaint Form (1.16 Attachment A1)

Your Name	
FirstLast	
Address	Da verround to be
Street:	Do you want to be provided with the findings
City:	of the investigation?
State:	
Zip Code:	Yes No
Phone and E-Mail (at least one required)	
Home: ( )Cell: ( )	
Work: ( )	
Email	
Contact Information of Someone Who Can Contact You if GTCC Police Co	annot Reach You
Name:Phone:	
Date, Time, and Location of the Incident	
Date; Time: (am / pm) Location:	
Officer(s) Involved	
Description of the Incident:	

False complaints are prohibited as detailed under General Statutes § 14-225. Any person who shall willfully make or cause to be made to a law enforcement agency or officer any false, misleading or unfounded report, for the purpose of interfering with the operation of a law enforcement agency, or to hinder or obstruct any law enforcement officer in the performance of his duty, shall be guilty of a Class 2 misdemeanor. (1941, c. 363; 1969, c. 1224, s. 3; 1993, c. 539, s. 137; 1994, Ex. Sess., c. 23, ss. 1-3; c. 24, s. 14(c).)