



Town Of Vernon

Department of Police

Personnel Complaint Form



Date :
Time :
PC# :

Complainant (Last)		First	Middle	Phone:
Address:				City/State:
Supervisor Receiving Complaint:		Investigating Supervisor:		
Date/Time of Incident	Allegation:	Date and Time Reported	Associated VPD Case # (If one assigned)	
Location Incident Occurred:				
How Reported: Phone <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Other <input type="checkbox"/>			Employees complained about: (if known)	
Complainant's description of employee:				
Witness:	D.O.B	Phone:	Witness:	D.O.B
Address		Address		
Description:				

I HAVE PROVIDED THE ABOVE INFORMATION, AND IT IS TRUE TO THE BEST OF MY KNOWLEDGE. I FULLY UNDERSTAND THAT IF I HAVE PROVIDED INFORMATION THAT IS UNTRUE AND WHICH IS INTENDED TO MISLEAD A LAW ENFORCEMENT OFFICER IN THE PERFORMANCE OF HIS OFFICIAL FUNCTION, I WILL BE IN VIOLATION OF SECTION 53A-157, CGS. A FALSE STATEMENT IS A CLASS A MISDEMEANOR, UP TO 1 YEAR IN JAIL AND/OR \$1,000.00 FINE AND NOT MORE THAN 3 YEARS PROBATION.

This complaint was completed at _____, on the _____ day of _____, 20_____

Subscribed and sworn before me this _____ day of _____ 20_____

Signature of complainant

Vernon Police Department Supervisor