



GTCC Police Department Complaint Form (1.16 Attachment A1)

Your Name

First _____ Last _____

Address

Street: _____

City: _____

State: _____

Zip Code: _____

Phone and E-Mail (at least one required)

Home: () _____ Cell: () _____

Work: () _____

Email _____

Contact Information of Someone Who Can Contact You if GTCC Police Cannot 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).)