



LITCHFIELD POLICE DEPARTMENT

2 LIBERTY WAY, SUITE 2

LITCHFIELD, NH 03052

Phone: (603)424-4047 Fax: (603)424-3423

Commendation / Complaint Form

Instructions: If you would like to praise a Litchfield Police Department employee, or file a complaint against a police employee, please write legibly and fill out this form. Personal Information will not be disclosed to the public, unless required by law. You can submit this form by mailing or returning it to the Litchfield Police Department at the address at the top of the page.

I wish to file a (please check one): Commendation Complaint

If you are filing a complaint, indicate the type of complaint you wish to file (you must check one):

Formal Complaint: Involves a serious allegation of misconduct, and I want my complaint officially investigated, for which discipline may be imposed, if the allegation(s) are sustained.

Informal Complaint: Involves a minor complaint or concern and I only want my complaint/concern on record. I understand it will be for informational purposes only, will not be formally investigated. However the matter will be discussed with the employee(s) involved.

Information about you

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH / /
STREET ADDRESS and APT #	CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

Information about the incident

LOCATION OR ADDRESS OF INCIDENT	DATE OF INCIDENT	TIME OF INCIDENT : AM/PM
WITNESS LAST NAME	FIRST NAME	AGE
WITNESS ADDRESS	CITY	STATE
NAME OR ID# OF OFFICER OR EMPLOYEE	NAME OR ID# OF OFFICER OF EMPLOYEE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE PHONE () -

Nature of action: Check all that apply and briefly describe what happened on a separate sheet of paper (date & sign it)

<input type="checkbox"/> Extremely helpful	<input type="checkbox"/> Excessive and/or improper force	<input type="checkbox"/> Rudeness, discourtesy, and offensive language
<input type="checkbox"/> Very caring/empathetic	<input type="checkbox"/> False arrest	<input type="checkbox"/> Violation of civil rights
<input type="checkbox"/> Professional conduct	<input type="checkbox"/> Unlawful search and/or seizure	<input type="checkbox"/> Bias-based profiling
<input type="checkbox"/> Did a great job	<input type="checkbox"/> Dishonesty and untruthfulness	<input type="checkbox"/> Department procedures or tactics
<input type="checkbox"/> Made an extra effort	<input type="checkbox"/> Corruption	<input type="checkbox"/> Other

I attest that the above information and my statement is true and correct to the best of my ability

Signature: _____ Date ____/____/____

The citizen has received a copy of this page _____

Officer's ID# _____

