TRUMBULL POLICE DEPARTMENT

CITIZEN COMPLAINT FORM

Page ____ of ____

T.P.D. Use only
Case # _____
Date rec'd_____
Rec'd by _____

Complainant's Name: _____ D.O.B: _____

Address: _____ Phone : _____

Date of Incident: _____ Time: _____ Officer Name: _____

Nature of Incident: _____

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I have read this statement and I certify that the facts contained therein are true and correct. I also understand that (A) A person is guilty of false statement when he intentionally makes a false written statement under oath or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable, which he does not believe to be true and which statement is intended to mislead a public servant in the performance of his official function; B) False statement is a class A misdemeanor, section 53a-157b.

Signed _____

Subscribed and sworn to, before me, this _____ day of _____year _____

TPD_65 Rev. 8/11

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