

Dear Citizen:

The Stratford Fire Department continuously strives to maintain a high level of professionalism and courtesy in the performance of our duties. In most situations, there is a mutual understanding between fire personnel and the citizen. However, we do realize that sometimes the conduct or action of the fire personnel needs to be scrutinized. Therefore, you will find the "Citizen Complaint Form" attached.

Please fill out the form completely and accurately to the best of your knowledge. Only include statements or facts about events you have personally witnessed. If there are other witnesses, please ensure that you put their proper name(s) and accurate contact information on the appropriate part of the form.

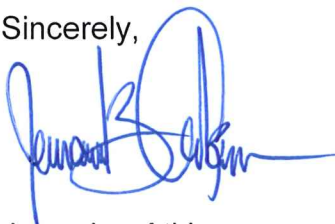
It is suggested, but not required, that you have the form notarized. Also, in order for us to conduct a thorough investigation and take any necessary steps to remedy your complaint, the completed form must be returned to the Fire Department within sixty (60) days of the date of the original incident.

Please return the completed form in a sealed envelope and mark it to the attention of the Fire Chief's Office. You may drop it off in person Monday through Friday – 8:00 AM to 4:30PM or mail it to the Stratford Fire Department, 2750 Main Street, Stratford, CT 06615.

Upon receipt, your complaint will be reviewed to determine the appropriate course of action. In any event, the Fire Chief will contact you by phone or mail regarding your complaint. You may be required to provide additional information at that time. You will also be notified in writing of the final disposition of your complaint.

Please be assured that the Stratford Fire Department will investigate your complaint in an impartial and unbiased manner without favoritism or intimidation.

Sincerely,



Jermaine Atkinson
Fire Chief

STRATFORD FIRE DEPARTMENT
2750 MAIN STREET
STRATFORD, CT 06615
Phone (203) 385-4070 Fax (203) 381-4081



CITIZEN COMPLAINT FORM

FIRE DEPT CASE # _____

DAY OF WEEK INCIDENT OCCURRED		DATE OF INCIDENT	TIME OF INCIDENT		LOCATION OF INCIDENT
COMPLAINANT'S NAME		DATE OF BIRTH	AGE	SEX	RACE, ETHNICITY OR NATIONAL ORIGIN
HOME ADDRESS	STREET	CITY	STATE	ZIP	HOME PHONE CELL PHONE
WORK ADDRESS (if applicable)		OCCUPATION			WORK PHONE
FIREFIGHTER PERSONNEL INVOLVED (badge number, etc.)					FIRE VECHICLE #
DESCRIBE INJURIES (if any)					WHERE TREATED (hospital, dr, etc.)
NAME(S), ADDRESS", PHONE NUMBER(S) OF WITNESSES, INCLUDING FIRE PERSONNEL					

PERSON RECEIVING COMPLAINT		DATE		TIME	

COMPLAINANT NAME:

FIRE DEPT CASE #

REASON FOR COMPLAINT:

I AM AWARE OF THE FACT THAT THE KNOWINGLY GIVING OF EITHER A FALSE STATEMENT OR FALSE INFORMATION IS UNLAWFUL AND PUMISHABLE BY LAW UNDER SECTIONS 53a-155 AND/OR 53a-157a OF THE CONNECTICUT GENERAL STATUTES.

DATE: _____

SIGNED: _____

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS ___ DAY OF _____ 20__

NOTARY: _____

COPY OF THIS COMPLETED FORM GIVEN TO THE COMPLAINANT ON _____.