



State of Connecticut
DMHAS PUBLIC SAFETY DIVISION

COMPLIMENT/COMPLAINT FORM

Name of Person (First, MI, Last)
Mailing Address: (Street / P. O. Box)
City, State Zip Code

Date of Incident: / /
 MM DD YY

Location of Incident: _____

Involved Officer(s) _____

COMPLIMENT/COMPLAINT: _____

Any statement(s) made herein which I do not believe to be true, and which statement is intended to mislead a public servant in the performance of his/her official function, is a crime under C.G.S. Section 53a-157.

MAIL OR FAX FORM TO:
Division of Safety Services
P. O. Box 351 – Holmes Drive
Middletown, CT 06457
Attn: Central Investigations Unit
Fax: 860.262.5377 or 860.262.5335