

Dear Concerned 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 satisfaction and confidence in the duties performed by firefighters. However, we do realize that there are some instances where a firefighter's conduct and/or actions need to be scrutinized. Attached you will find the "**Citizen Complaint Form**". This form and procedure has been developed for such instances.

Please take the time to read and carefully understand the questions that are being asked of you. Fill out the form completely and accurately. 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. Have the form notarized and the information sworn under oath.

The completed form must be returned to the Department within sixty-days (60) from the time of the incident. Please place this form in a sealed envelope, and mark it to the attention of the "Deputy Chief's Office". You may drop it off in person or mail it to the Stratford Fire Department, 2750 Main Street, Stratford, CT 06615.

Upon receipt, the form will be reviewed to determine the appropriate course of action. In any event, a supervisor from the department will contact you by telephone or mail regarding your complaint. During the course of this process, you will be updated on a periodic basis as to the progress of the investigation and will be notified in writing as to the final results.

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

Sincerely,



Robert McGrath  
Fire Chief

**Stratford Fire Department**  
**2750 Main Street**  
**Stratford, CT 06614**  
**Phone (203) 385-4070 Fax (203) 385-4019**  
[www.townofstratford.com](http://www.townofstratford.com)



**Incident #** \_\_\_\_\_

**CITIZEN COMPLAINT FORM**

Day of Week Incident Occurred		Date of Incident		Time of Incident	Location of Incident
Complainant's Name-Last, First, Middle		Date of Birth	Age	Sex	Race, Ethnicity or National Origin
Home Address (#, street, city, state, zip)				Home Telephone / Cellular Phone	
Work Address (if applicable)		Occupation		Work Telephone / Cellular Phone	
Witness (name, address, telephone #)			Witness (name, address, telephone #)		
Firefighters Involved (name, badge number, etc.)				Engine Number/Description	
Physical Description of Firefighter(s) (hair and eye color, height, sex, race/ethnicity, etc.)					
Describe Injuries (if any)			Where Treated (hospital, doctor, etc.)		
Preferred Language of Communication (if other than English)					
Names, Telephone Number(s) or Contact Information of Other People Present During the Incident (including other firefighters)					
Have you reported this to anyone previously? YES      NO			If so, whom and when?		

**For office use only:**

Person receiving complaint:	ID Number:	Place taken:	Date & Time:

Complainant's Name: Last, First, Middle	Incident #
Print summary of incident: <div style="border: 1px solid black; height: 400px; margin-top: 5px;"></div>	
Attach additional pages if necessary. <div style="float: right; text-align: right;">Page _____ of _____</div>	
<i>I am aware of the obligation of an oath and if the facts that the knowingly giving of either a false statement of false information is unlawful and punishable by law under Sections 53a-155 and/or 53a-157a of the Connecticut General Statutes.</i>	
Date: _____ Signed: _____	
Subscribed and sworn to before me on this _____ day of _____ 20____	
Notary _____	
Copy of the completed form given to the complainant by _____	