



**Southington Police Department**

**Online Complaint Form**

Administrative Use Only

CFS #: \_\_\_\_\_

Initial CAD Disposition: 06 09

PLEASE NOTE: This should ONLY be used for non-violent property issues and for incidents that you do not need to speak with a Police Officer (i.e. Non-Criminal Damage to Property, Lost Property, or incidents that do not require a Police response or follow-up)

**THIS CAN NOT BE USED FOR: Crimes in Progress, Emergencies, Physical Altercations of any kind, Alarm Activations, Motor Vehicle Accidents, Custody Issues, Harassment Claims, Domestic Violence situations, including Protective Order Violations.**

Case Numbers will be generated in the order in which we receive them. You will be emailed back a Case Number once it is generated.

**REPORT FOR DOCUMENTATION ONLY - NO FOLLOW UP WILL BE DONE**

**Did you previously speak with a Dispatcher at the Southington Police Department for this incident?**

**No I did not**

**Yes I did, I was given Case Number: \_\_\_\_\_**

**Complainant's Information**

Name of Complainant	Home Address	Date of Birth	Gender
Email Address	Telephone Number	Preferred Contact Method	
Alternate Contact Method	Driver's License Number	Driver's License State	Ethnicity

**Incident Information**

Location of the Incident or Loss (Address, including Town and State)	Type of Incident (It must meet an option below to use this form)	Date of Incident	Time of Incident
--	--	------------------	------------------

Please Provide a detailed description of your incident. Include any applicable losses, including dollar values, serial numbers, or quantity, on page 2 of this form

**Are there photographs or video available for this incident? No Yes, can you email them if requested? No Yes**

Large empty text area for incident description.

Please use page 2 to detail any property losses. The form must be signed on page 2 to be accepted. Incomplete forms will be returned.



**Southington Police Department**

**Complaint Form**

**Complainant's Vehicle Information**

Year (1)	Make (1)	Model (1)	Plate # (1)	VIN (1) - <b>Optional</b>	Color (1)	Damaged (Yes or No)
Vehicle Owner (as listed on Registration) (1)		Insurance Company (1)		Insurance Policy # (1)		Insurance Expiration Date (1)
Year (2)	Make (2)	Model (2)	Plate # (2)	VIN (2) - <b>Optional</b>	Color (2)	Damaged (Yes or No)
Vehicle Owner (as listed on Registration) (2)		Insurance Company (2)		Insurance Policy # (2)		Insurance Expiration Date (2)

**If there is damage to your vehicle, please detail the damage below, using a new "Item #" for each item or part damaged.**

**Please note the vehicle number the damage is applicable to, in the "Vehicle #" column**

**Property Loss Information**

Vehicle #	Item #	Description of Item	Serial Number	Value (\$)	Quantity

**By signing the Form below you are acknowledging that all the details above are true and factual to the best of your knowledge.**

<b>Type Your Name Below After Checking the Above Box:</b>	Date:
---	-------

Sec. 53a-180c. Falsely reporting an incident in the second degree: Class A misdemeanor. (a) A person is guilty of falsely reporting an incident in the second degree when, knowing the information reported, conveyed or circulated to be false or baseless, such person gratuitously reports to a law enforcement officer or agency (1) the alleged occurrence of an offense or incident which did not in fact occur, (2) an allegedly impending occurrence of an offense or incident which in fact is not about to occur, or (3) false information relating to an actual offense or incident or to the alleged implication of some person therein.