



FAIRFIELD POLICE DEPARTMENT

100 Reef Road
Fairfield, Connecticut 06824

FPD FILE #:

DATE:

SHOPLIFTING COMPLAINT FORM

COMPLAINANT	STORE NAME		STORE ADDRESS	
	COMPLAINANT NAME		COMPLAINANT POSITION	COMPLAINANT DATE OF BIRTH

ACCUSED	NAME			DATE OF BIRTH:
	HOME ADDRESS:	# street	apt #	city / town state

SUMMARY OF OFFENSE

DATE OF OFFENSE	TIME OF OFFENSE	AM PM
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DESCRIPTION OF ITEMS:

ITEM	#	VALUE EACH	TOTAL VALUE	ITEM	#	VALUE EACH	TOTAL VALUE
1.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

TOTAL VALUE: \$

INCIDENT DETAILS:

I request the accused be arrested and will appear in court if necessary. I understand that pursuant to C.G.S. 53a-157 false statements are punishable by law.

SIGNATURE OF THE COMPLAINANT

NOTARY PUBLIC / POLICE OFFICER

Subscribed to and sworn before me this _____ day of _____, 20_____.