COMPLAINT AGAINST
STATE MARSHAL

Re: 5-2017

STATE OF CONNECTICUT
STATE MARSHAL COMMISSION
FAX: 860-622-2938

INSTRUCTIONS

1. Complete this form using black ink and retain a copy for your records. Please type or print neatly.
2. Attach documents that are specifically related to the complaint (if any).
3. Send the original complaint to the following address:

TO: DAS/STATE MARSHAL COMMISSION, 450 Columbus Boulevard, Suite 1504, Hartford, CT 06103.

NAME OF PERSON MAKING COMPLAINT (*Complainant)* TELEPHONE NO.
_____/_____

ADDRESS OF COMPLAINANT (*No., Street, Town, State, Zip)*
_____

NAME OF STATE MARSHAL COMPLAINED AGAINST TELEPHONE NO.
_____/_____

ADDRESS OF STATE MARSHAL (*if known*)
_____

DESCRIBE YOUR RELATIONSHIP TO THE STATE MARSHAL WHO IS THE SUBJECT OF YOUR COMPLAINT (*check one)*

☐ I hired the state marshal
☐ The state marshal served or attempted to serve me.
☐ Other (*Please briefly describe type of involvement with the state marshal)*
_____

SUBJECT OF COMPLAINT

☐ Civil service/return
☐ Execution (e.g. wage, bank, property, tax)
☐ Other (*Please briefly describe the subject matter of your complaint).*_____
☐ Landlord/Tenant (including eviction)
☐ Family Law (including restraining orders)

TIME FRAME OF COMPLAINT

EXPLAIN, PREFERABLY IN CHRONOLOGICAL ORDER, THE DETAILS OF YOUR COMPLAINT.
☐ (check if additional material is attached)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

EXECUTED UNDER PENALTIES OF FALSE STATEMENT X_____/_____
(Connecticut General Statutes Section 53a-157b) SIGNED (required) DATED (required)

Intentionally making a false written statement on a form bearing notice which is intended to mislead a public servant in the performance of his or her official function, is a class A misdemeanor and violators are subject to criminal penalties including imprisonment for up to one year and/or a fine of up to $2,000. General Statutes § 53a-157b (a).

FOR OFFICE USE ONLY
DATE STAMP ASSIGNED COMPLAINT NO._____