



Office of the Victim Advocate Complaint Form

COMPLAINANT INFORMATION:

Name:

Address:

Town/City: Zip Code:

Phone: Email:

How do you wish to be contacted?

- Email Phone

ALLEGED VIOLATION OF RIGHTS:

- Right to be treated with fairness and respect throughout the criminal justice process
- Right to receive financial restitution
- Right to a timely disposition of the case following the arrest of the accused
- Right to be reasonably protected from the accused throughout the criminal justice process
- Right to receive notification of court proceedings (opt-in system)
- Right to communicate with the prosecution about the case
- Right to object to or support any plea agreement entered into by the accused and the prosecution and to make a statement to the court prior to the court accepting a plea of guilty or nolo contendere by the accused
- Right to make a statement to the court at sentencing
- Right to receive information about the arrest, conviction, sentence, imprisonment and release of the accused
- Other, please describe in the box below:

In the box below, briefly describe why you feel that your rights as a crime victim have been violated:

Who is your complaint against?

Law Enforcement Agency

Prosecutor

Court

Advocate

Other

If other, please name the agency you believe has violated your rights:

Please describe the efforts made to resolve this matter with the person(s) and agency listed above: (i.e.: speaking to a supervisor or executive director; expressing your concerns, etc.). Please include the names of any supervisors that you have spoken to regarding your concern(s).

Please provide any additional information that you feel is pertinent to this request in the box below:

Next page: Victim Information

VICTIM INFORMATION:

Name:

Address:

Town/City: Zip Code:

Phone: Email:

Is the victim deceased?

Yes No

What is the gender of the victim?

Male Female

Is the victim a minor?

Yes No

Please provide the victim's date of birth:

Is the victim being represented by an attorney in this complaint? If yes, please provide the attorney's name and contact information below:

Next page: Crime Information

CRIME INFORMATION:

What type of crime occurred?

Assault

Domestic Violence

Harassment

Homicide

Kidnapping

Robbery

Sexual Assault

Other, name crime:

Date of Incident:

Location of Incident:

Was the offender arrested?

Yes

No

Date of Arrest:

Which law enforcement agency made the arrest?

Arresting officer's name and contact number, if available:

What is the case number or police report number?

In which county did the crime occur?

Was a weapon involved?

Yes

No

If yes, what type of weapon?

Next page: Offender Information

OFFENDER INFORMATION:

What if any, is the victim's relationship to the offender?

Offender's Name:

Address:

Town/City:

Zip Code:

What is the gender of the offender?

Male

Female

Is the offender a minor?

Yes

No

Age of offender:

Offender's date of birth:

Is the offender currently incarcerated?

Yes

No

Does the victim have any order of protection against the offender, such as a restraining order, protective order, standing criminal restraining order or a "no-contact" order as a condition of bail or probation?

Yes

No

If yes, state which order was issued, when the order issued and what are the terms of the order:

Please provide any other information you may feel is pertinent in the box below:

Next page: Court Information and Other Information

COURT INFORMATION:

What is the current stage of the criminal justice process?

- Investigation/ No arrest made
- Prosecution
- Post-conviction
- Other or Unknown, please describe below:

Which court is your case in?

What is the docket number(s)?

Judge's Name:

Prosecutor's Name:

Do you have an advocate?

- Yes No

If yes, please provide the name and contact number of your advocate:

When is the next court date?

OTHER INFORMATION:

As a crime victim are you filing a complaint about a "gap" in victim services?

- Yes No

If yes, please describe in detail:

Please mail completed complaint forms to:

Office of the Victim Advocate
505 Hudson Street, 5th Floor
Hartford, CT 06106

Email to: info.ova@ct.gov, please type COMPLAINT in the subject line or fax to 860-560-7065.

Please feel free to attach any documentation that you feel might be helpful and an OVA representative will be in contact with you shortly.

OTHER USEFUL INFORMATION:

Office of Victim Services (OVS): Contact OVS for Information, advocacy, counseling referrals, notification (post-conviction) and victim compensation
1-800-822-8428
www.jud.state.ct.us/crimevictim

Department of Corrections – Victim Services Unit: Contact DOC Victim Services Unit for notification (pre-conviction and post-conviction).
1-888-869-7057

Connecticut Sexual Assault Crisis Services (CONNSACS): Contact CONNSACS for an advocate, counseling, information/referrals & support groups.
1-888-999-5545 English
1-888-568-8332 Espanol
www.connsacs.org

Connecticut Coalition Against Domestic Violence (CCADV): Contact CCADV for safety planning, emergency shelter, 24-hour crisis intervention, counseling, support groups, advocacy, & children's programs.
1-888-774-2900
www.ctcadv.org

Mothers Against Drunk Driving (MADD): Contact MADD for emotional support and advocacy throughout the criminal court case and beyond, for a list of civil attorneys and counselors in your area, for assistance in gathering information from agencies such as the Department of Corrections and Department of Motor Vehicles.
1-800-544-3690
www.madd.org/ct

Survivors of Homicide, Inc.: Contact Survivors of Homicide for crisis counseling, information and referrals, peer support, support groups & personal advocacy.
1-888-833-45764
www.survivorsofhomicide.org