

CLINTON POLICE DEPARTMENT
CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Chief of Police at the following address or email: Chief Vincent DeMaio, Clinton Police Department, 170 East Main Street, Clinton, Connecticut 06413. Email: vdemaio@clintonct.org

Date of Incident	Time of Incident	Date Reported	Time Reported																								
Location of Incident																											
Complainant's Name		Complainant's Address (Street, City, State, ZIP)																									
Complainant's DOB	Complainant's Home Phone#	Complainant's Work Phone#																									
Complainant's Cell Phone#		Complainant's E-mail																									
Employer		Occupation																									
Employer's Address		Employer's Telephone																									
Name of Person Assisting Complainant	Address		Telephone #																								
Employee Complained about (if known): (Name or physical description, Badge #, Car #, etc.)																											
Witness Information (Name, D.O.B., Address, Telephone #, etc.)																											
<p>Please provide answers to the following questions:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> <td style="width: 10%; text-align: center;">UNSURE</td> </tr> <tr> <td>1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4. Are you able to read, write and speak the English Language?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>5. If your answer to #4 is "No" or "Unsure", have you been provided with adequate language assistance to help you understand and fill out this form?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					YES	NO	UNSURE	1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Are you able to read, write and speak the English Language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. If your answer to #4 is "No" or "Unsure", have you been provided with adequate language assistance to help you understand and fill out this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO	UNSURE																								
1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
4. Are you able to read, write and speak the English Language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
5. If your answer to #4 is "No" or "Unsure", have you been provided with adequate language assistance to help you understand and fill out this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
<p>(If you answered "Yes" to any of the above questions, please provide details below.)</p> <hr/> <hr/> <hr/> <hr/>																											

Details of the Incident: Please provide a full description of the circumstances that prompted your complaint. Attach supporting documentation, as appropriate; including letters, e-mails, photographs, video or audio tapes, etc.

(Attach additional pages, if necessary)

I have read, or had read to me, the above and attached complaint and statement consisting of ____ pages. All of the answers are true and accurate to my knowledge. I understand that making a false statement intended to mislead a law enforcement officer in his official function is a violation of Connecticut General Statute 53a-157b and could result in my arrest and being fined and/or imprisoned.

Complainant's Signature	Date and Time Signed
<p>On this the _____ day of _____, _____, before me the undersigned officer, personally appeared the complainant whose name is subscribed above and acknowledged that he/she truthfully executed this instrument for the purposes herein contained.</p>	<p>Notary (For Authority See C.G.S. §§1-24, 3-94a et seq.)</p>
	<p>Print Rank/Name/ID Number:</p>

Person Receiving the Complaint		
Rank/Name/ ID Number	Date Received	Time Received

Method of Contact (Check): Telephone In-Person Mail E-Mail Other

Signature of person receiving complaint	Complaint Control Number
--	---------------------------------