

CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Chief of Police of this agency at the following address: Chief of Police, Weston Police Department, 56 Norfield Road, Weston, CT 06883

Date of Incident	Time of Incident	Date/Time Reported	CAD# (PD use only)
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.)			
Please provide answers to the following questions:			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"/>
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"/>
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?			<input type="checkbox"/>
4. Are you able to read, write and speak the English Language?			<input type="checkbox"/>
5. If your answer to Question #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"/>
(If you answered "Yes" to any of the above questions, please provide details below.)			

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
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.	Notary (For Authority See C.G.S. 1-24, 3-94a et seq.)
	Print Rank/Name/ID Number:

Person Receiving 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	CAD number

