

Wilton Police Department

CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Internal Affairs Unit of this agency at the following address or email: Chief _____, Wilton Police Department, 240 Danbury Rd, Wilton, Connecticut 06897. Email: _____

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.)			
Please provide answers to the following questions:			YES NO UNSURE
<p>1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone?</p> <p>2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?</p> <p>3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?</p> <p>4. Are you able to read, write and speak the English Language?</p> <p>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?</p> <p><i>(If you answered "Yes" to question 1, 2 or 3, please provide details on next page.)</i></p>			

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 _____, _____, the complainant whose name is subscribed above, personally appeared before me, the undersigned Officer, 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 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
--	---------------------------------