



# CCSU POLICE DEPARTMENT

## CIVILIAN COMPLAINT FORM



Please give this completed document to a Police Supervisor or send it to the Internal Affairs Unit of this agency at the following address: Chief of Police, CCSU Police Department, 1500 East Street, New Britain, CT 06053 or email: [policechief@ccsu.edu](mailto:policechief@ccsu.edu).

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
1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone?					
2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?					
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?					
4. Are you able to read, write and speak the English Language?					
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?					
<i>(If you answered "Yes" to any of the above questions, please provide details below.)</i>					

