

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.

Date of Incident	Time of Inc	ident	Date Reported		Time Reported		
Location of Incident							
Complainant's Name	inant's Address (Street, City, State, ZIP)						
Complainant's DOB	DOB Complainant's Home Phone# Complainant's Work Phone#						
Complainant's Cell Ph	one#	Complainant'	 s E-mail				
Employer			Occupation				
Employer's Address				Employer's Telephone			
Name of Person Assisting Complainant Address				Telephone			
Employee Complained	d about (if known)	: (Name or phy	sical description, Ba	dge #, Car #,	, etc.)		
Witness Information ((Name, D.O.B., Ad	dress, Telepho	ne #, etc.)				
Please provide answers to the following questions:					YES	NO	UNSURE
1. To your knowledge audio taped by an	• •	art of the incid	lent complained of v	ideo or			
2. Are you afraid for result of making t	•	at of any other	person, for any reas	on as a			
•	tened you or othe making this comp		ntimidate you in an o	effort to			
4. Are you able to re	ead, write and spea	ak the English L	.anguage?				
5. If your answer to with adequate lar	•	-	, have you been prov derstand and fill out				
(If you answered "Y	es" to any of the a	bove questions	s, please provide deto	ails below.)			



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Details of the Incident: Please provide a full description of supporting documentation, as appropriate; including letters				-		
(Attach additional pages, if necessary)						
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ccurate to my knowledge. I understand that methodology of the method of the complete state of the complete state of the complete of the comple	Connecti					
On this theday of,,	Notary	(For Autho	ority See C.G.S. §§1-24, 3-94a et seq.)			
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.	Print Rank/Name/ID Number:					
Person Recei	ving Cor	nplaint				
Name/Rank/Badge #		Date Received		Time Received		
lethod of Contact (Check): Telephone In-P	erson	Mail	E-Mail	Other		
Signature of person receiving complaint			Complaint Cont	rol Number		