**Bureau of Professional Standards and Compliance**

**Internal Affairs Unit**

# Uniform Civilian Complaint Report

**Please give this completed document to a Police Supervisor or send it to the Connecticut State Police, Bureau of Professional Standards and Compliance, Internal Affairs Unit, at the following address: 1111 Country Club Road Middletown, CT 06457-2389. You may also e-mail this form to the Complaint Intake Coordinator at:** [**CSP.Complaint@CT.Gov**](mailto:CSP.Complaint@CT.Gov)

**Type of Complaint:**  **Misconduct  Malfeasance  Biased-Based Profiling/Stop**

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| **Date of Incident:** | **Time of Incident:** | | | **Date Reported:** | | **Time Reported:** |
| **Location of Incident:** *(Street, city/town or exact address if known)* | | | | | | |
| **Complainant’s Name:** *(First, Middle, Last Name)* | | | | | **Complainant’s DOB:** | |
| **Complainant’s Address:** *(Number, Street, City/Town, State, Zip Code, Apt./Condo Unit Number)* | | | | | **Complainant’s Home #:** | |
| **Complainant’s Cell Phone #:** | | | **Complainant’s Work Phone #:** *(Area Code*) | | **Complainant’s E-Mail Address:** | |
| **Employer:** | | | | | **Occupation:** | |
| **Employer’s Address:** *(Number, Street, City/Town, State, Zip Code)* | | | | | **Employer’s Telephone #:** | |
| **Name of Person Assisting Complainant:** | | **Address:** *(Number, Street, City/Town, State, Zip Code)* | | | **Telephone #:** | |
| **Name of Employee Complained About (if known or physical description, badge #, car #, etc.)** | | | | | | |
| **Witness(es) Information:** *(Name, DOB, Address: Number, Street, City/Town, State, Zip Code, Apt./Condo Unit Number, Telephone #, etc.)* | | | | | | |

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| **Please provide answers to the following questions:**   1. **To your knowledge, was all or any part of the incident**   **complained about videotaped or audiotaped by anyone?** | **Yes No Unsure** |
| 1. **Are you afraid for your safety, or that of any other person,**   **for any reason, as a result of making this complaint?** |  |
| 1. **Has anyone threatened you or otherwise tried to intimidate**   **you in an effort to prevent you from making this complaint?** |  |
| 1. **Are you able to read, write and speak the English Language?** |  |
| 1. **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?** |  |

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| **(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, emails, photographs, video or audio tapes, etc.** |
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| **(Attach additional pages, if necessary)** |

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| **Biased-Based Profiling Complaints Only** |
| **Nature of Stop:**  *Investigation, Criminal*  *Violation, Motor Vehicle*  *Equipment, Motor Vehicle*  **Driver**  **Pedestrian**  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Basis for Complaint:**  **Race**  **Color**  **Ethnicity**  **Age**  **Gender**  **Sexual Orientation**  **Religion or Membership in any other Protected Class** |

**I have read, or had read to me, the attached complaint and statement consisting of \_\_\_\_\_ pages. All of the answers are true and accurate to my knowledge. I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function is a crime punishable by fine and/or imprisonment. (See C.G.S. § 53a-157b)**

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| **Complainant:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature of Complainant (Signed in presence of Notary/Trooper/Police Officer)* | **Date signed by complainant:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *mm/dd/yyyy* |
| **Notary / State Police Supervisor or Commander / Commissioner of the Superior Court**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature Print Name Date Commission Expires* | **Subscribed and sworn to before**  **me this**  \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ 20\_\_\_ |
|  | |
| **Person Receiving the Complaint**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature of person receiving complaint Print Name Title/Rank ID Number*  ***Method of Contact:***  ***Telephone***  ***In-Person***  ***Mail***  ***E-Mail***  ***Other*** | **Date and time received**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *mm/dd/yyyy* |
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| **Received by Bureau of Professional Standards and Compliance, Internal Affairs Unit**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature of person receiving complaint Print Name Title/Rank ID Number* | **Date and time received at Internal Affairs Unit**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *mm/dd/yyyy* |
| **Control Complaint Number:** |