

Connecticut Department of Motor Vehicles

CIVILIAN COMPLAINT REPORT

Please send this completed document to: Division Chief, Christopher Smith at the following address:
 Department of Motor Vehicles, Commercial Vehicle Safety Division, 60 State Street, Wethersfield, CT 06161 or
 email: Christopher.J.Smith@ct.gov

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: 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? (if you answered "Yes" to any of the above questions, please provide details below.)			<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">UNSURE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	UNSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 the Complaint

Rank/Name/ ID Number	Date Received	Time Received
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Method of Contact (Check): Telephone In-Person Mail E-Mail Other

Signature of person receiving complaint	Complaint Control Number
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