

# Department of Motor Vehicles

## CIVILIAN COMPLAINT REPORT

Please give this completed document to: Division Manager, Christopher Smith at the following address:  
 Department of Motor Vehicles, Commercial Vehicle Safety Division, 60 State Street, Wethersfield, CT 06161.  
 Email: [Christopher.J.Smith@ct.gov](mailto: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:						YES	NO	UNSURE
1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you able to read, write and speak the English Language?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(If you answered "Yes" to any of the above questions, please provide details below.)								

[illegible]

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.

Person Receiving the Complaint		
Rank/Name/ ID Number	Date Received	Time Received

Signature of person receiving complaint	Complaint Control Number
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