

**STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
CRIMINAL INVESTIGATION DIVISION
CIVILIAN COMPLAINT REPORT**

Please complete this form and give it to a Supervisor at the Department of Revenue Services or send it to the following address or email: Tax Division Chief Scot Anderson, Department of Revenue Services, 450 Columbus Boulevard, Suite 1, Hartford, Connecticut 06103. Email: **Scot.Anderson@po.state.ct.us**

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: <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> <td style="width: 10%; text-align: center;">UNSURE</td> </tr> <tr> <td>1. To your knowledge, is there video or audio recording of the incident in the complaint?</td> <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>2. As a result of making this complaint, are you afraid for your safety, or the safety of any other person, for any reason?</td> <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>3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?</td> <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>4. Are you able to read, write and speak the English Language?</td> <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>5. If your answer to Question #4 is "No" or "Unsure", have you been provided with adequate language assistance to help you understand and complete this form?</td> <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> </table>					YES	NO	UNSURE	1. To your knowledge, is there video or audio recording of the incident in the complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. As a result of making this complaint, are you afraid for your safety, or the safety of any other person, for any reason?	<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 complete this form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO	UNSURE																								
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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, 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 responses are true and accurate to the best of 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 _____, _____, the complainant whose name is subscribed above, personally appeared before me, the undersigned Officer, 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.) <hr/> Print Rank/Name/ID Number:

Person Receiving the Complaint

Rank/Name/ ID Number _____ **Date Received** _____ **Time Received** _____

Method of Contact (Check): <input type="checkbox"/> Telephone <input type="checkbox"/> In-Person Mail E-Mail Other Signature of person receiving complaint	Complaint Control Number <input type="checkbox"/> <input type="checkbox"/>
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