

Please give this completed document to a Police Supervisor or send it to the Division of Safety Services, P. O. Box 351 – Holmes Drive. Middletown, CT 06457, Attn: Central Investigations Unit, Fax: 860.262.5377 or 860.262.5335. Email: Christopher.bozzi@ct.gov

Date of Incident Time of		ident	Date Reported		Time Reported		
Location of Incident							
Complainant's Name		Compla	inant's Address (Stre	et, City, Stat	e, ZIP)		
Complainant's DOB Complainant's Home Phone#			Complainant's Work Phone#				
Complainant's Cell Phone# Complainant			ː's E-mail				
Employer			Occupation				
Employer's Address			Employer's	r's Telephone			
Name of Person Assisting Complainant Address					Telephone		
Employee Complaine	d about (if known)	: (Name or ph	ysical description, Ba	dge #, Car #,	etc.)		
Witness Information	(Name, D.O.B., Add	dress, Telepho	ne #, 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?							
 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		•	•	- 1	nnted voi	ır compla	int. Attach

supporting documentation, as appropriate; including letters, e-mails, photographs, video or audio tapes, etc.								
								
		 -						
(Attach additional pages, if necessary)								
(Attach additional pages, if necessary)								
I have read, or had read to me, the above and attached con	nplaint and statement cor	nsisting 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,, the complainant whose name is subscribed above,	Notary (For Authority See C.G.S. §§1-24, 3-94a et seq.)							
personally appeared before me, the undersigned								
Officer, and acknowledged that he/she truthfully	Print Rank/Name/ID Number:							
executed this instrument for the purposes herein								
contained.								
Person Receiving the Complaint								
Rank/Name/ ID Number	Date Received	Time Received						
Method of Contact (Check): Telephone In-Person Mail E-Mail Other								
Signature of person receiving complaint	Comp	laint Control Number						