



**State of Connecticut
DMHAS PUBLIC SAFETY DIVISION
CIVILIAN COMPLAINT REPORT**

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 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"/> |
| <i>(If you answered "Yes" to any of the above questions, please provide details below.)</i> | | | |
| Details of the Incident: Please provide a full description of the circumstances that prompted your complaint. Attach | | | |

