

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:			
			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"/>

