



# FAIRFIELD POLICE DEPARTMENT

## CIVILIAN COMPLAINT REPORT

Please give this completed document to a Fairfield Police Supervisor or send it to Professional Standards c/o the Office of the Chief of Police at 100 Reef Road, Fairfield, Connecticut 06824. You may also email it directly to internal affairs at [EKaemann@fairfieldct.org](mailto:EKaemann@fairfieldct.org) or 203-254-4811.

<b>Date of Incident</b>	<b>Time of Incident</b>	<b>Date Reported</b>	<b>Time Reported</b>	
<b>Location of Incident</b>				
<b>Complainant's Name</b>		<b>Complainant's Address (Street, City, State, ZIP)</b>		
<b>Complainant's DOB</b>	<b>Complainant's Home Phone#</b>	<b>Complainant's Cell Phone#</b>		
<b>Complainant's E-mail</b>				
<b>Name of Person Assisting Complainant</b>		<b>Address</b>	<b>Telephone</b>	
<b>Employee Complained about (if known): (Name or physical description, Badge #, Car #, etc.)</b>				
<b>Witness Information (Name, D.O.B., Address, Telephone #, etc.)</b>				
<b>Please provide answers to the following questions:</b>				
		<b>YES</b>	<b>NO</b>	<b>UNSURE</b>
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"/>

