



# FAIRFIELD POLICE DEPARTMENT

## CIVILIAN COMPLAINT REPORT

Please complete this document and return to a Fairfield Police supervisor or mail 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 [JKline@FairfieldCT.Org](mailto:JKline@FairfieldCT.Org) or 203-254-4655.

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	
Name of Person Assisting Complainant Complete this Form (if applicable)		Address	Phone #
Employee Complained about (if known): (Employee's 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 video or audio recorded?			<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"/>
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?			<input type="checkbox"/>
4. Are you able to read, write, and speak the English Language?			<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"/>
<i>(If you answered "Yes" to any of the above questions, please provide details below.)</i>			
_____			
_____			
_____			

