



CAD# \_\_\_\_\_

## New London Police Department

### CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Internal Affairs Unit of this agency at the following address or email: Chief Brian M. Wright, New London Police Department, 5 Governor Winthrop Blvd, New London, CT 06320. Email: [Bwright@NewLondonCT.gov](mailto:Bwright@NewLondonCT.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 supporting documentation, as appropriate; including letters, e-mails, photographs, video or audio tapes, etc.								

**(Attach additional pages, if necessary)**

**I have read, or had read to me, the above and attached complaint and statement consisting 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.**

<b>Complainant's Signature</b>	<b>Date and Time Signed</b>
<b>On this the ____ day of _____, _____,</b> <b>the complainant whose name is subscribed above,</b> <b>personally appeared before me, the undersigned Officer,</b> <b>and acknowledged that he/she truthfully executed this</b> <b>instrument for the purposes herein contained.</b>	<b>Notary (For Authority See C.G.S. §§1-24, 3-94a et seq.)</b>
	<b>Print Rank/Name/ID Number:</b>

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	Complaint Control Number
---	--------------------------