

WINFIELD POLICE DEPARTMENT
CIVILIAN COMPLAINT FORM

LAST NAME: _____ FIRST NAME: _____ M.I.: _____
(all complainant's identifying information may be optional)

SEX: _____ RACE: _____ DOB: _____ DATE/TIME OF OCCURENCE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER'S ADDRESS: _____ PHONE: _____

LOCATION OF INCIDENT: _____ DATE: _____ TIME: _____

EMPLOYEE COMPLAINT IS BEING MADE AGAINST (IF KNOWN): _____
(name, physical description, badge/car #, etc)

BRIEF DESCRIPTION OF INCIDENT: _____

WITNESSES TO INCIDENT: *(If available)*

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME OF INTERPRETER *(IF USED)* _____ PHONE: _____

PERSON ASSISTING: _____ PHONE: _____

ADDRESS: _____

- | | 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"/> |

If you answered yes to any of the above questions, please provide details in statement.

WAS STATEMENT TAKEN: YES NO (EVERY EFFORT SHOULD BE MADE TO OBTAIN STATEMENT)
HOW WAS COMPLAINT RECEIVED: IN PERSON TELEPHONE MAIL EMAIL OTHER
WAS COMPLAINANT ARRESTED: YES NO
WAS MEDICAL ATTENTION REQUIRED: YES NO (IF YES STATE WHERE AND NATURE OF TREATMENT RECEIVED)

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 IN VIOLATION OF CONNECTICUT GENERAL STATUTE 53a-157b AND COULD RESULT IN MY ARREST AND BEING FINED AND/OR IMPRISONED.

SIGNATURE OF COMPLAINANT: _____ DATE/TIME: _____

SUPERVISOR RECORDING COMPLAINT (complete the section below):

ON THIS THE _____ DAY OF _____, _____, BEFORE ME THE UNDERSIGNED OFFICER, PERSONALLY APPEARED THE COMPLAINANT WHOSE NAME IS SUBSCRIBED ABOVE AND ACKNOWLEDGED THAT HE/SHE TRUTHFULLY EXECUTED THIS INSTRUMENT FOR THE PURPOSES HEREIN CONTAINED.

RANK/NAME: _____ DATE: _____
(PRINT)

SIGNATURE: _____ ID#: _____

COMPLAINANT'S RECEIPT
DETACH AND GIVE TO COMPLAINANT

This is to acknowledge (Complainant name) _____ has made a complaint concerning activity of a member(s) of the department. This complaint will be reviewed by the department according to existing procedures. You may be requested to appear for an interview. You will be notified of the outcome of the review.

Name of interpreter (if used): _____

Complaint received by: _____ Date: _____ Time: _____
(PRINT)