Complaint Control #:	

WINDSOR 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 Donald J. Melanson, Windsor Police Department, 340 Bloomfield Avenue, Windsor, Connecticut 06095. Email: melanson@townofwindsorct.com

Date of Incident	Time of Inc	Time of Incident		Date Reported		Time Reported		
Location of Incident			1					
Complainant's Name Complainant's Address (Street, City, Sta				te, ZIP)				
Complainant's DOB	Complainant's Ho	ome Phone#	Complainant's Wor	k Phone#				
Complainant's Cell Ph	one#	Complainant	's E-mail					
Employer			Occupation					
Employer's Address				Employer's	Telepho	ne		
Name of Person Assis	ting Complainant	Address			Telephor	ne		
Employee Complained	d about (if known)	: (Name or ph	ysical description, Ba	adge #, Car #	, etc.)			
Witness Information	(Name, D.O.B., Add	dress, Telepho	ne #, etc.)					
Please provide answe	rs to the following	questions:			YES	NO	UNSURE	
 To your knowledge, was all or any part of the incident complained of video or audio taped by anyone? 								
2. Are you afraid for your safety, or that of any other person, for any reason as a								
result of making this complaint? 3. Has anyone threatened you or otherwise tried to intimidate you in an effort to								
prevent you from making this complaint? 4. Are you able to read, write and speak the English Language?								
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?								
(If you answered "Yes	" to any of the abo	ve questions,	please provide detai	ls below.)				

Details of the Incident: Please provide a full description o supporting documentation, as appropriate; including letter		, .			
(Attach additional pages, if necessary)					
have read, or had read to me, the above and attached com	nlaint and statement con	esisting of pages All of the			
	•	•			
nswers are true and accurate to my knowledge. I understa	_				
aw enforcement officer in his official function is a violation	of Connecticut General Si	tatute 53a-157b and could result			
n my arrest and being fined and/or imprisoned.					
Complainant's Signature	Date and Time Signed				
On this the day of,,	Notary (For Authority 9	See C.G.S. 881-24, 3-942 et sea \			
the complainant whose name is subscribed above,					
personally appeared before me, the undersigned Officer,					
and acknowledged that he/she truthfully executed this	Print Rank/Name/ID Number:				
instrument for the purposes herein contained.					
mistrament for the purposes herein contained.					
	<u> </u>				
Person Receiving	g the Complaint				
Rank/Name/ ID Number	Date Received	Time Received			
,					
Nethod of Contact (Check): Telephone In-Pe	rson Mail	E-Mail Other			
Signature of person receiving complaint	Comp	plaint Control Number			