

BERLIN 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 Matthew J. McNally IV, Berlin Police Department, 240 Kensington Road, Berlin, CT 06037 o PoliceChief@berlinpd.org

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 an 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.

Complainant's Signature	Date and Time Signed
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.	Notary (For Authority See C.G.S. §§1-24, 3-94a et seq.)
	Print Rank/Name/ID Number

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
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