EASTON POLICE DEPARTMENT

CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Chief of Police of this agency at the following address: Timothy J. Shaw, Chief of Police, Easton Police Department, 700 Morehouse Road, PO BOX 7, Easton, Connecticut 06612.

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?	☐	☐	☐
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 above questions, please provide details below.)

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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.

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(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 _____, _____, the complainant whose name is subscribed above, personally appeared before me, the undersigned officer, 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:**

Method of Contact (Check): ☐ Telephone ☐ In-Person ☐ Mail ☐ E-Mail ☐ Other

Person Receiving the Complaint		
Rank/Name/ID Number	**Date Received**	**Time Received**

Signature of person receiving complaint	CAD # (PD use only)