DANBURY 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: Chief of Police, Danbury Police Department, 375 Main St., Danbury, CT 06810. (203)797-4611, email: internalaffiars@danbury-ct.gov.

Date of Incident Time of Inc		cident		Date Reported		Time Reported			
Location of Incident	1								
Complainant's Name Complainant's Address (Street, Cit					et, City, Stat	te, ZIP)			
Complainant's DOB	Complainant's H	ome Phone	# C	Complainant's Work Phone#					
Complainant's Cell Phone# Complainant			nt's E	's E-mail					
Employer Occupation									
Employer's Address Employer					Employer's	s Telephone			
Name of Person Assisting Complainant Address						Telephone			
Employee Complained	d about (if known)	: (Name or	physi	ical description, Ba	ndge #, Car #	, etc.)			
Witness Information (Name, D.O.B., Address, Telephone #, etc.)									
Please provide answers 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? 									
 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	s" to any of the abo	ove questio	ns, ple	ease provide detail	ls below.)				

Details of the Incident: Please provide a full description or supporting documentation, as appropriate; including letter		•	•						
,									
(Attach additional pages, if necessary)									
(Attach additional pages, if necessary)									
I have read, or had read to me, the above and attached con	nplaint and statem	ent 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 Ge	eneral Statute S	53a-157b and could result						
in my arrest and being fined and/or imprisoned.									
Complainant's Signature	Date and Time Signed								
On this the,,	Notary (For Authority See C.G.S. §§1-24, 3-94a et seq.)								
before me the undersigned officer, personally appeared									
the complainant whose name is subscribed above and	Print Rank/Name/ID Number:								
acknowledged that he/she truthfully executed this	Time namy reams	., ib italliseri							
instrument for the purposes herein contained.									
Person Receiving the Complaint									
Rank/Name/ ID Number	Date Receiv	ved	Time Received						
Method of Contact (Check): Telephone In-P	erson	E-Mai	I Other						
Method of Contact (Check): Telephone In-P	erson 🔲 Mail	E-ividi	otilei						
Signature of person receiving complaint		Complaint Co	ntrol Number						
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