

**CLINTON POLICE DEPARTMENT
CIVILIAN COMPLAINT REPORT**

Please give this completed document to a Police Supervisor or send it to the Chief of Police at the following address or email: Chief Vincent DeMaio, Clinton Police Department, 170 East Main Street, Clinton, Connecticut 06413. Email: vdemaio@clintonct.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 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 #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 below.)					

