CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to Chief of Police of this agency at the following address or email: Robert Berry, Chief of Police, WCSU Police Department, 181 White Street, Danbury, Connecticut 06810. Email: berryr@wcsu.edu.

Date of Incident	Time of Inc	cident	Date Reported		Time R	eported	
Location of Incident	I						
Complainant's Name		Compla	inant's Address (Stre	et, City, Sta	te, ZIP)		
Complainant's DOB	Complainant's H	ome Phone#	Complainant's Wor	k Phone#			
Complainant's Cell Ph	ione#	Complainant'	s E-mail				
Employer		I	Occupation				
Employer's Address				Employer'	s Telepho	ne	
Name of Person Assis	ting Complainant	Address			Telephor	e	
Employee Complained	d about (if known)	: (Name or ph	ysical description, Ba	adge #, Car i	‡, etc.)		
Witness Information	(Name, D.O.B., Ad	dress, Telepho	ne #, etc.)				
Please provide answe	ers to the following	g questions:			YES	NO	UNSURE
1. To your knowledg audio taped by ar		part of the incid	dent complained of v	ideo or			
2. Are you afraid for	your safety, or th	at of any other	r person, for any reas	son as a			
result of making t 3. Has anyone threa	itened you or othe		intimidate you in an o	effort to			
4. Are you able to re	•	ak the English I	• •				
5. If your answer to with adequate lar			, have you been prov derstand and fill out				
(If you answered "Yes	s" to any of the ab	ove questions,	please provide detai	ls below.)			

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,, 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:

Person Receiving the Complaint					
Rank/Name/ ID Number	Date Received	Time Received			
Vlethod of Contact (Check): 🔲 Telephone 🔲 In-Perso	on 🔲 Mail 🔲 E-Mai	l 🔲 Other			
Signature of person receiving complaint	Complaint C	ontrol Number			