

Glastonbury 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, Glastonbury Police Department, 2108 Main St. /P.O. Box 535, Glastonbury, Connecticut 06033.

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"/>
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"/>
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?			<input type="checkbox"/>
4. Are you able to read, write and speak the English Language?			<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"/>
<i>(If you answered "Yes" to any of the above questions, please provide details below.)</i>			

