





## CIVILIAN COMPLAINT FORM

Please give this completed document to a Police Supervisor or send it to the Chief of Police of UConn Police Department at the following address or email: Chief Gene Labonte, University of Connecticut Police Department, 126 North Eagleville Road, Storrs, CT 06269-3070 or Email: chiefofpolice@uconn.edu

Date of Incident Time of Inc		ident	Date Reported	Date Reported		Time Reported		
Location of Incident	L							
Complainant's Name Complainant's Address (Street, City, Sta					te, 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 Telephoi	ne			
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 taned by anyone?								
<ul><li>audio taped by anyone?</li><li>2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?</li></ul>								
<ul><li>result of making this complaint?</li><li>3. Has anyone threatened you or otherwise tried to intimidate you in an effort to</li></ul>								
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 questions,	please provide detai	ls below.)				





## **CIVILIAN COMPLAINT FORM**

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)
(Attach auditional pages, it necessally)

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 ar	Date and Time Signed				
On this the day of,, before me the undersigned officer, personally appeared			Notary (For Authority See C.G.S. §§1-24, 3-94a et seq.)				
the complainant whose name is subscribed above and acknowledged that he/she truthfully executed this instrument for the purposes herein contained.			Print Rank/Name/ID Number:				
Person Receiving Complaint							
Name/Rank/Badge #			Date Received		Time Received		
Method of Contact (Check):	Telephone	In-Person	Mail	E-Mail	Other		

Signature of person receiving complaint	Complaint Control Number			