## EASTERN CONNECTICUT STATE UNIVERSITY 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 or email: Chief of Police, Eastern Connecticut State University Police, 83 Windham St., Willimantic, Connecticut 06226. Email: PD\_Admin@easternct.edu

Date of Incident	Time of Incident		Date Reported		Time Reported			
Location of Incident			I					
Complainant's Name		Compla	inant's Address (Stre	eet, City, Sta	te, ZIP)			
Complainant's DOB	omplainant's DOB Complainant's Home Phone#			Complainant's Work Phone#				
Complainant's Cell Ph	none#	Complainant	's E-mail					
Employer			Occupation					
Employer's Address			1	Employer's	Telepho	ne		
Name of Person Assisting Complainant Address					Telephone			
Employee Complaine	d about (if known)	: (Name or ph	ysical description, Ba	adge #, Car #	, etc.)			
Witness Information	(Name, D.O.B., Add	dress, Telepho	ne #, etc.)					
Please provide answe	ers 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?								
2. 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 questions,	please provide detai	ls below.)				

Details of the Incident: Please provide a full description or supporting documentation, as appropriate; including letters	• •			
		······································		
7000 1 1100				
(Attach additional pages, if necessary)				
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 881-24 3-94a et seg )		
before me the undersigned officer, personally appeared	Notary (For Authority Sec C.G.	.s. 331-24, 3-54a ct scq.,		
the complainant whose name is subscribed above and	Print Rank/Name/ID Number:			
acknowledged that he/she truthfully executed this	Print Rank/Name/1D Number.			
instrument for the purposes herein contained.				
Person Receiving	g the Complaint			
Person Receiving	g the Complaint  Date Received	Time Received		
	Date Received			
Rank/Name/ ID Number	Date Received			