Brookfield 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, Brookfield Police Department, 63 Silvermine Road, Brookfield, Connecticut 06804. Email: Civilian-PoliceComments@brookfieldct.gov

Date of Incident	Time of Inc	ident	Date Reported		Time Reported		
Location of Incident	I		<u> </u>		<u> </u>		
Complainant's Name		Compla	Complainant's Address (Street, City, State, ZIP)				
Complainant's DOB Complainant's Home Pho		ome Phone#	hone# Complainant's Work Phone#				
Complainant's Cell Phone# Complainant's E-mail							
Employer Occupation							
Employer's Address Emplo			Employer's	r'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?2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?							
 Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint? 							
 Are you able to read, write and speak the English Language? 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 "Ye	s" to any of the ab	ove questions,	, please provide deta	ils 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 names if no corrand)	
(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,, before me the undersigned officer, personally appeared the complainant whose name is subscribed above 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			
Method of Contact (Check):	Telephone	In-Persor	n Mail	E-Mai	l 🚺 Other		
Signature of person receiving complaint				Complaint Control Number			