

## UNIVERSITY OF NEW HAVEN POLICE DEPARTMENT CIVILIAN COMPLAINT REPORT

Please return this completed document in a sealed envelope to a Police Supervisor or Chief of Police at the University of New Haven Police Department,
300 Boston Post Road, West Haven, CT 06516.

Date of Incident	Time of Incident		Date Reported		Ti	Time Reported				
Location of Incident										
Complainant's Name Co			Complainant's Address (Street, City, State, ZIP)							
Complainant's DOB	Complainant's	nt's Home Phone # Compl		Complair	ainant's Work Phone #					
Complainant's Cell Phone	: #	Complainant's Email								
Name of Person Assisting Complainant	A	Address			Telephone #					
Subject of complaint (if known): (Name or physical description, Badge #, Car #, etc.)										
Witness Information (Name, DOB, Address, Telephone #, etc.)										
Name of Person Providing Language Assistance (if applicable):										
Please provide answers to	o the following	questio	ns:	,	YES	NO	UNSURE			
<ol> <li>To your knowledge, was all or any part of the incident complained of video or audio taped by anyone?</li> </ol>										
2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?				n, for						

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 #4 is "No" or "Unsure," have you been			
provided with adequate language assistance to help you			
understand and fill out this form?			
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(If you answered "Yes" to any of the above questions,			
please provide details below.)			
etails of Incident: Please provide a full description of the circumstar	nces that i	prompted y	our
omplaint. Attach supporting documentation, as appropriate; includi	-		
	ing letters	, emans, pri	iotogi api
deo or audio tapes, etc.			

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	Notary (For Authority see C.G.S §§1-24, 3-94a et seq.)						
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 the Complaint							
Rank/Name/ID Number	1	Date Received		Time Received			
Method of Contact (Check): ☐ Telephone ☐ In-Person ☐ Mail ☐ E-Mail ☐ Other							
Signature of Person Receiving Complaint			Complaint Control Number				