

East Windsor 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 Matthew Carl, East Windsor Police Department, 25 School Street, East Windsor, CT 06088. Email: Carlm@eastwindsor-ct.gov

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 Cell Phone#		
Complainant's E-mail				
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?		☐	☐	☐
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?		☐	☐	☐

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.

This image shows a single page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(Attach additional pages, if necessary)

Complainant's Signature

Date and Time Signed

Person Receiving the Complaint		
Rank/Name/ ID Number	Date Received	Time Received

Method of Contact (Check): ☐ Telephone ☐ In-Person ☐ Mail ☐ E-Mail ☐ Other

Signature of person receiving complaint	Complaint Control Number
---	--------------------------