



SOUTHINGTON POLICE DEPARTMENT

Uniform 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:
Internal Affairs, Southington Police Department, 69 Lazy Lane, Southington, Connecticut 06489
OR Email to: Captain James Armack - JArmack@SouthingtonPolice.org

Nature of Complaint:		PROFESSIONAL CONDUCT	JOB PERFORMANCE
Please provide answers to the following questions:		YES	NO
<ol style="list-style-type: none"> 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? 		UNSURE	
<i>(If you answered "Yes" to any of the above questions, please provide details on page#2.)</i>			
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 Work Phone#	
Complainant's Cell Phone#		Complainant's E-mail	
Employer		Occupation	
Employer's Address		Employer'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.)			

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)

Complainant's Signature

Date and Time Signed

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.

Signature of Supervisor receiving/initiating the complaint

Supervisor: _____ **ID#** _____ **Date:** ____/____/____

(Forward this report to the On Duty Shift Commander)

Signature of Shift Commander reviewing the complaint

Shift Commander: _____ **ID#** _____ **Date:** ____/____/____

(Forward this report to the Administrative Captain after review by the Shift Commander)

Method of Contact (Check):

Telephone

In Person

Mail

E-Mail

Other