

Please give this completed document to a Police Supervisor or forward it to the attention of Chief John Ventura, 135 North Main Street, Wallingford, CT 06492.

Date of Incident	ate of Incident Time of Incident		Date Reported		Time Reported					
Location of Incident										
Complainant's Name Complainant's Address (Street, City, Sta					te, ZIP)					
Complainant's DOB Com	plainant's Home	Phone#	Complainant's Wo							
Complainant's Cell Phone# Complainant's E-mail										
Employer Occupation										
Employer's Address Employer's					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			
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 o				
supporting documentation, as appropriate; including lette	ers, e-mails, photographs, vi	deo or audio tapes, etc.		
(Attach additional pages, if necessary)				
nswers are true and accurate to my knowledge. I understa w enforcement officer in his official function is a violation my arrest and being fined and/or imprisoned.				
Complainant's Signature				
On this the day of,,				
the complainant whose name is subscribed above, personally appeared before me, the undersigned Officer,				
and acknowledged that he/she truthfully executed this instrument for the purposes herein contained.				
mistrament for the purposes herein contained.				
Person Receiving	the Complaint			
	· .			
Rank/Name/ ID Number	Date Received	Time Received		
lethod of Contact (Check): Telephone In-Pe	rson Mail E-	·Mail		