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: Internal Affairs, Branford Police Department, 33 Laurel Street, Branford, CT 06405. [internalaffairs@branfordpolice.com](mailto:internalaffairs@branfordpolice.com)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.)** | | | | | | | | | |
| **Please provide answers to the following questions:**   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?**  ***(If you answered “Yes” to any of the above questions, please provide details below.)*** | | | | | | | | **YES NO UNSURE** | |
|  | | | | | | | | | |

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| --- |
| 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)

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.

|  |  |  |
| --- | --- | --- |
| **Complainant’s Full Name (Printed)** | | |
| **Complainant’s Signature** | **Date Signed** | **Time Signed** |

|  |  |  |
| --- | --- | --- |
| **Person Receiving the Complaint** | | |
| **Name/Rank/ID Number** | **Date Received** | **Time Received** |
| **Signature of Person Receiving Complaint** | **Complaint Control Number** | |

**Method of Contact (Check):**

Telephone

In-Person

Mail

E-Mail

Other