

Middletown Police Department

"To proudly serve in partnership with the community through a commitment to excellence, professionalism and integrity."

CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Chief of Police at the following address or email:

Professional Standards - Middletown Police Department, 222 Main St. Middletown, CT 06457

Email: ProfessionalStandards@MiddletownCT.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 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?	YES	NO	UNSURE
2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you able to read, write and speak the English Language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

