TOWN OF MONTVILLE
Department of Police Services

CIVILIAN COMPLAINT FORM

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 Wilfred J. Blanchette III, Montville Police Department, 911 Norwich New London Tpke, Uncasville, Connecticut 06382. Email: wblanchette@montvillepolice.org

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?	☐	☐	☐

(If you answered "Yes" to any of the above questions, please provide details below.)

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 the best of my knowledge, information, and belief.

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**