



TOWN OF MONTVILLE
Department of Police Services

CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Lieutenant of this agency at the following address or email: Lieutenant Leonard Bunnell, Montville Police Department, 911 Norwich-New London Tnpk, Montville, Connecticut 06382. Email: lbunnell@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 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, DOB, 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
<i>(If you answered "Yes" to any of the above questions, please provide details below.)</i>			

