**Bureau of Professional Standards and Compliance**

**Internal Affairs Unit**

# Uniform Civilian Complaint Report

**Please give this completed document to a Police Supervisor or send it to the Connecticut State Police, Bureau of Professional Standards and Compliance, Internal Affairs Unit, at the following address: 1111 Country Club Road Middletown, CT 06457-2389. You may also e-mail this form to the Complaint Intake Coordinator at:** **CSP.Complaint@CT.Gov**

**Type of Complaint:** **[ ]  Misconduct [ ]  Malfeasance [ ]  Biased-Based Profiling/Stop**

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| **Date of Incident:** | **Time of Incident:** | **Date Reported:** | **Time Reported:** |
| **Location of Incident:** *(Street, city/town or exact address if known)* |
| **Complainant’s Name:** *(First, Middle, Last Name)* | **Complainant’s DOB:** |
| **Complainant’s Address:** *(Number, Street, City/Town, State, Zip Code, Apt./Condo Unit Number)* | **Complainant’s Home #:** |
| **Complainant’s Cell Phone #:**  | **Complainant’s Work Phone #:** *(Area Code*) | **Complainant’s E-Mail Address:**  |
| **Employer:** | **Occupation:**  |
| **Employer’s Address:** *(Number, Street, City/Town, State, Zip Code)* | **Employer’s Telephone #:**  |
| **Name of Person Assisting Complainant:** | **Address:** *(Number, Street, City/Town, State, Zip Code)* | **Telephone #:**  |
| **Name of Employee Complained About (if known or physical description, badge #, car #, etc.)** |
| **Witness(es) Information:** *(Name, DOB, Address: Number, Street, City/Town, State, Zip Code, Apt./Condo Unit Number, Telephone #, etc.)* |

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| **Please provide answers to the following questions:**1. **To your knowledge, was all or any part of the incident**

**complained about videotaped or audiotaped by anyone?**  | **Yes No Unsure**[ ] [ ] [ ]  |
| 1. **Are you afraid for your safety, or that of any other person,**

**for any reason, as a result of making this complaint?** | [ ] [ ] [ ]  |
| 1. **Has anyone threatened you or otherwise tried to intimidate**

**you in an effort to prevent you from making this complaint?** | [ ] [ ] [ ]  |
| 1. **Are you able to read, write and speak the English Language?**
 | [ ] [ ] [ ]  |
| 1. **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?**  | [ ] [ ] [ ]  |

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| **(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, emails, photographs, video or audio tapes, etc.** |
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| **(Attach additional pages, if necessary)** |

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| **Biased-Based Profiling Complaints Only** |
| **Nature of Stop:** [ ]  *Investigation, Criminal* [ ]  *Violation, Motor Vehicle* [ ]  *Equipment, Motor Vehicle*[ ]  **Driver** [ ]  **Pedestrian** [ ]  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Basis for Complaint:**[ ]  **Race** [ ]  **Color** [ ]  **Ethnicity** [ ]  **Age** [ ]  **Gender** [ ]  **Sexual Orientation** [ ]  **Religion or Membership in any other Protected Class**  |

**I have read, or had read to me, the attached complaint and statement consisting of \_\_\_\_\_ pages. All of the answers are true and accurate to my knowledge. I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function is a crime punishable by fine and/or imprisonment. (See C.G.S. § 53a-157b)**

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| **Complainant:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Signature of Complainant (Signed in presence of Notary/Trooper/Police Officer)* | **Date signed by complainant:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *mm/dd/yyyy* |
| **Notary / State Police Supervisor or Commander / Commissioner of the Superior Court**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Signature Print Name Date Commission Expires*  | **Subscribed and sworn to before** **me this** \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_ 20\_\_\_   |
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| **Person Receiving the Complaint**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Signature of person receiving complaint Print Name Title/Rank ID Number* ***Method of Contact:*** *[ ]*  ***Telephone*** *[ ]*  ***In-Person*** *[ ]*  ***Mail*** *[ ]*  ***E-Mail*** *[ ]*  ***Other***  | **Date and time received** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *mm/dd/yyyy* |
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| **Received by Bureau of Professional Standards and Compliance, Internal Affairs Unit**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Signature of person receiving complaint Print Name Title/Rank ID Number*  | **Date and time received at Internal Affairs Unit**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *mm/dd/yyyy* |
| **Control Complaint Number:** |