**Trumbull Police Department**

**CIVILIAN COMPLAINT REPORT**

**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 Michael Lombardo, Trumbull Police Department 158 Edison Road, Trumbull, Connecticut 06611. Email: policedepartment@trumbull-ct.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 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.) |
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| Witness Information (Name, D.O.B., Address, Telephone #, etc.) |
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| |

| 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.**

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**(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** |
|---|---|
| | |