

Trumbull Police Department

COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Chief of Police of this agency at the following address or email: Chief of Police, Trumbull Police Department, 158 Edison Road, Trumbull, Connecticut 06611. Email: police@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 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: <table border="1" style="float: right; margin-right: 10px;"> <tr> <td>YES</td> <td>NO</td> <td>UNSURE</td> </tr> </table>				YES	NO	UNSURE
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>						

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.

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 my knowledge. I understand that making a false statement intended to mislead a law enforcement officer in his official function is a violation of Connecticut General Statute 53a-157b and could result in my arrest and being fined and/or imprisoned.

Complainant's Signature	Date and Time Signed
<p>On this the _____ day of _____, _____, the complainant whose name is subscribed above, personally appeared before me, the undersigned Officer, and acknowledged that he/she truthfully executed this instrument for the purposes herein contained.</p>	Notary (For Authority See C.G.S. §§1-24, 3-94a et seq.) Print Rank/Name/ID Number:

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
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