

NAUGATUCK 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 Steven Hunt, Naugatuck Police Department, 211 Spring Street, Naugatuck, Connecticut 06770. Email: abastos@naugatuckpd.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, 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? | | | <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> | | | | | |

