

AVON POLICE DEPARTMENT

UNIFORM CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Avon Police Department Chief of Police at the following address: Mark Rinaldo, Chief of Police, Avon Police Department, 60 West Main Street, Avon, Connecticut 06001. You may also e-mail this form the Chief of Police at: mrinaldo@avonct.gov

TYPE OF COMPLAINT: Misconduct _____ Malfeasance _____ Biased Policing/Stop _____

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 videotaped or audiotaped 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"/>

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