

AVON POLICE DEPARTMENT

UNIFORM CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Avon Police Department Director of Police Services at the following address: Paul Melanson, Chief of Police, Avon Police Department, 60 West Main Street, Avon, Connecticut 06001. You may also e-mail this form to the Chief of Police at: pmelanson@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"/>

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.

[illegible]

(Attach additional pages, if necessary)

_____ Driver _____ Pedestrian _____ Other

_____ Race _____ Color _____ Ethnicity _____ Age _____ Gender _____ Sexual Orientation

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
On this the ____ day of _____, _____, before me the undersigned officer, personally appeared the complainant whose name is subscribed above and acknowledged that he/she truthfully executed this instrument for the purposes herein contained.	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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