

Portland 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 Captain Scott D Cunningham, Portland Police Department, 265 Main St, Portland, Connecticut 06480. Email: scunningham@portlandct.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
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"/>
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"/>
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"/>
4. Are you able to read, write and speak the English Language?						<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"/>
(If you answered "Yes" to any of the above questions, please provide details below.)						UNSURE	<input type="checkbox"/>

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Person Receiving the Complaint		
Rank/Name/ ID Number	Date Received	Time Received

Signature of person receiving complaint	Complaint Control Number
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