

**PORTLAND POLICE DEPARTMENT**

**CIVILIAN COMPLAINT REPORT**

Please give this completed document to a Police Supervisor or send it to the following address: Portland Police Department, Attn: Lt. Ron Milardo, 265 Main Street, Portland CT 06480 or Email: [rmilardo@portlandct.org](mailto:rmilardo@portlandct.org)

|   |                                  |   |                             |
|---|----------------------------------|---|-----------------------------|
| <b>Date of Incident</b>   | <b>Time of Incident</b>          | <b>Date Reported</b>                                    | <b>Time Reported</b>        |
| <b>Location of Incident</b>   |                                  |   |                             |
| <b>Complainant's Name</b>   |                                  | <b>Complainant's Address (Street, City, State, ZIP)</b> |                             |
| <b>Complainant's DOB</b>  | <b>Complainant's Home Phone#</b> | <b>Complainant's Work Phone#</b>                        |                             |
| <b>Complainant's Cell Phone#</b>  |                                  | <b>Complainant's E-mail</b>                             |                             |
| <b>Employer</b>   |                                  | <b>Occupation</b>                                       |                             |
| <b>Employer's Address</b>   |                                  |   | <b>Employer's Telephone</b> |
| <b>Name of Person Assisting Complainant</b>   | <b>Address</b>                   |   | <b>Telephone</b>            |
| <b>Employee Complained about (if known): (Name or physical description, Badge #, Car #, etc.)</b>   |                                  |   |                             |
| <b>Witness Information (Name, D.O.B., Address, Telephone #, etc.)</b>   |                                  |   |                             |
| <b>Please provide answers to the following questions:</b>   |                                  |   |                             |
|   | <b>YES</b>                       | <b>NO</b>   | <b>UNSURE</b>               |
| 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>   |                                  |   |                             |
| <b>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.</b> |                                  |   |                             |

