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

Date of Incident	te of Incident Time of Incid		Date Reported	Date Reported		Time Reported			
Location of Incident									
Complainant's Name Complainant's Add				et, City, Sta	ate, 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'	ployer's Telephone						
Name of Person Assisting Complainant A		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 question:		questions:			YES	NO	UNSURE		
 To your knowledge, was all or any part of the incident complained of video or audio taped by anyone? 									
 Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint? 									
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to									
prevent you from making this complaint? 4. Are you able to read, write and speak the English Language?									
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?									
(If you answered "Yes" to any of the above questions, please provide details below.) 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.									

(Attach additional pages, if necessary)								
I have read, or had read to me, the above and attached cor answers are true and accurate to my knowledge. I underst law enforcement officer in his official function is a violation in my arrest and being fined and/or imprisoned.	and that making a fals	e statemen	t intended to mislead a					
Complainant's Signature	Date and Time Signed							
On this the day of,	Notary (For Authority See C.G.S. §§1-24, 3-94a et seq.)							
before me the undersigned officer, personally appeared			•					
the complainant whose name is subscribed above and								
acknowledged that he/she truthfully executed this	Print Rank/Name/ID Number:							
instrument for the purposes herein contained.								
	1							
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	Со	Complaint Control Number						