

Plainville Police Department

CIVILIAN COMPLAINT REPORT

Please give this completed document to a police supervisor or send it to Chief Christopher Vanghele, 19 Neal Court, Plainville, CT 06062 Email: vanghele@plainville-ct.gov.

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.)			

<p>Please provide answers to the following questions:</p> <ol style="list-style-type: none"> 1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone? 2. 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? <p><i>(If you answered "Yes" to any of the above questions, please provide details below.)</i></p> <p>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.</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>UNSURE</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>			

