

# NORWALK POLICE DEPARTMENT CIVILIAN COMPLAINT FORM

**HQ#:**

If complaint resulted from a reported incident

**DIV#:**

(DB/SS/YB)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_  
*(all complainant's identifying information may be optional)*

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE/TIME COMPLAINT RECEIVED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

EMPLOYEE COMPLAINT IS BEING MADE AGAINST (IF KNOWN): \_\_\_\_\_  
(name, physical description, badge/car #, etc)

BRIEF DESCRIPTION OF INCIDENT: \_\_\_\_\_

**WITNESSES TO INCIDENT: (If available)**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF INTERPRETER (IF USED) \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSON ASSISTING: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

- |   | YES                      | NO                       | UNSURE                   |
|---|--------------------------|--------------------------|--------------------------|
| 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"/> |

If you answered yes to any of the above questions, please provide details in statement.

WAS STATEMENT TAKEN: YES  NO  (EVERY EFFORT SHOULD BE MADE TO OBTAIN STATEMENT)  
HOW WAS COMPLAINT RECEIVED: IN PERSON  TELEPHONE  MAIL  EMAIL  OTHER   
WAS COMPLAINANT ARRESTED: YES  NO   
WAS MEDICAL ATTENTION REQUIRED: YES  NO  (IF YES STATE WHERE AND NATURE OF TREATMENT RECEIVED)

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 IN VIOLATION OF CONNECTICUT GENERAL STATUTE 53a-157b AND COULD RESULT IN MY ARREST AND BEING FINED AND/OR IMPRISONED.

SIGNATURE OF COMPLAINANT: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

SUPERVISOR RECORDING COMPLAINT (complete the section below):

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.

RANK/NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PRINT)

SIGNATURE: \_\_\_\_\_ ID#: \_\_\_\_\_

**COMPLAINANT'S RECEIPT**  
**DETACH AND GIVE TO COMPLAINANT**

*This is to acknowledge (Complainant name) \_\_\_\_\_ has made a complaint concerning activity of a member(s) of the department. This complaint will be reviewed by the department according to existing procedures. You may be requested to appear for an interview. You will be notified of the outcome of the review.*

Name of interpreter (if used): \_\_\_\_\_

Complaint received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(PRINT)

NPD Case Number: \_\_\_\_\_