



University of New Haven

UNIVERSITY OF NEW HAVEN POLICE DEPARTMENT CIVILIAN COMPLAINT REPORT

Please return this completed document in a sealed envelope to a Police Supervisor or Chief of Police at the University of New Haven Police Department, 300 Boston Post Road, West Haven, CT 06516.

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 Email	
Name of Person Assisting Complainant	Address	Telephone #	
Subject of complaint (if known): (Name or physical description, Badge #, Car #, etc.)			
Witness Information (Name, DOB, Address, Telephone #, etc.)			
Name of Person Providing Language Assistance (if applicable):			

Please provide answers to the following questions:	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"/>

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.

Complainant's Signature	Date and Time Signed
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.	Notary (For Authority see C.G.S §§1-24, 3-94a et seq.)
	Print Rank/Name/ID Number

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	Complaint Control Number
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