

**GUILFORD POLICE DEPARTMENT
UNIFORM CIVILIAN COMPLAINT REPORT**

Please give this completed document to a Police Supervisor or send it to the Internal Affairs Unit of this agency at the following address or email: Chief Jeffrey C. Hutchinson, Guilford Police Department, 400 Church Street, Guilford Connecticut 06437. Email: hutchinsonj@ci.guilford.ct.us

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 Telephone #	Complainant's Work Telephone #	
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, DOB, Address, Telephone #, etc.)			
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 of 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 question 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 the next section).			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

