

Ridgefield Police Department

Civilian Complaint Report

PLEASE GIVE THIS COMPLETED DOCUMENT TO ANY OFFICER OR SEND IT TO:

RIDGEFIELD POLICE DEPARTMENT, 76 EAST RIDGE ROAD, RIDGEFIELD, CT 06877 ATTN: INTERNAL AFFAIRS UNIT

PHONE: 203 438.6531 FAX: 203 431.2741 - E-MAIL: rpdmrj@ridgefieldct.gov

Date of Incident: ____/____/____ Time of Incident: _____ Date Reported: ____/____/____ Time Reported: _____

Complainant's Information

Complainant: _____ Date of Birth: ____/____/____

Residence: _____

Home #: () ____ - _____ Cell #: () ____ - _____ Work #: () ____ - _____

Business: _____ Occupation: _____

Business Address: _____ Business #: () ____ - _____

Person Assisting Complainant, if any: _____

Name Address Contact #:

Witness Information, if any: _____

Name DOB Address Contact #:

Complaint

Location of Incident: _____

Please answer 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"/> |
| 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 five (5) questions above, please provide details below:

Details of 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.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(Attach additional pages, if necessary)

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/her official function is a violation of Connecticut General Statute 53a-147b and could result in my arrest and being fined and/or imprisoned.

Complainant's Signature: _____ **Date Signed:** _____

Be advised that signing this document, although not required, is helpful in verifying the identity of the preparer of this complaint. In addition, this signature serves to assist in confirming the truthfulness and validity of the information contained within this document.

Person Receiving the Complaint

PRINT Rank / Name / ID Number:

Date Received

Time Received

hrs.

Method of Contact: Telephone ☐ In-Person ☐ Mail ☐ E-Mail ☐ Other ☐

Signature of Person Receiving Complaint:

Internal Affairs Number:
