



Plymouth Police Department

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: Sergeant Kenneth Kolpa, Plymouth Police Department, 80 Main Street, Terryville, Connecticut 06786 Email: kkolpa@plymouthct.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 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.)			
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"/>
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"/>
<i>(If you answered "Yes" to any of the above questions, please provide details in the appropriate section on page 2.)</i>			

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.

(Attach additional pages, if necessary)

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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