Town of Plymouth, Conn.

Department of Police Services · Est. 1914

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 Jonathan Marino, Plymouth Police Department, 80 Main Street, P.O. Box 34, Terryville, Connecticut 06786. Email: jmarino@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 Cell Phone#

Complainant's E-mail

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?	☐	☐	☐
2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?	☐	☐	☐
3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?	☐	☐	☐
4. Are you able to read, write and speak the English Language?	☐	☐	☐
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?	☐	☐	☐

(If you answered "Yes" to any of the above questions, please provide details below.)

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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)

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 the best of my knowledge, information, and belief.

Complainant's Signature	Date and Time Signed

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

Rev 04/01/2026

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