

# WOODBIDGE POLICE DEPARTMENT



## CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor/OIC or send it to the Office of the Chief of Police of this agency at the following address or email: Chief Frank P. Cappiello, Woodbridge Police Department, 4 Meetinghouse Lane, Woodbridge, CT 06525. Email: fcappiello@woodbridgepd.com

|   |                           |  |                          |                          |                          |
|---|---------------------------|--|--------------------------|--------------------------|--------------------------|
| 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 below.)</i>   |                           |  |                          |                          |                          |

