Town of South Windsor



POLICE DEPARTMENT

CUSTOMER COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Office of the Chief of Police of this agency at the following address or email: C/O: Chief of Police, South Windsor Police							
		r, CT 06074. Email: pdcomm					
Date of Incident:	Time of Incident:	Date Reported:	Time Re	eported:			
Location of Incident:			•				
Complainant's Name:		Complainant's Address (Street, City	/, State, Zip	o):			
Complainant's Date of Birth:	Complainant's Home Phone #:	Complainant's Work Phone#:					
Compleinent's Call Dhane #	Compleinent's E Meil Address						
Complainant's Cell Phone #:	Complainant's E-Mail Address:						
Complainant's Employer:		Complainant's Occupation:					
Employer's Address:			Employe	er's Phon	e Number:		
Person Assisting Complainant: Address of Person Assisting:			Phone of Person Assisting:				
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 fol	llowing questions:		YES	NO	UNSURE		
1. To your knowled							
video or audiotaped 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 r							
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 on page 2.)							
actains on paye 2.	EIN		Compla	aint Cor	trol Number		
		Page of pages					

Details of the Incident: Please provide a full description of the circumstances that pro- letters, e-mails, photographs, and video or audio tapes, etc.	mpted your c	complaint. Attach supporting documentation, as appropriate; including			
(Attach additional pages, if necessary)					
		ched complaint and statement consisting of			
		my knowledge. I understand that making a false officer in his official function is a violation of			
Connecticut General Statute 53a-157b and					
imprisoned.					
•					
Complainant's Signature:		Date and time Signed:			
On this the day of	_,	Notary (For Authority See CGS 1-24, 3-94a et eq.):			
, before me the undersigned off					
personally appeared the complainant who		Print Rank/Name/EIN:			
name is subscribed above and acknowled	igeu	Print Rank/Name/EIN:			
that he/she truthfully executed this instru	nent				
for the purposes herein contained.	Pocoivin	a the Complaint			
Rank/Name/EIN:		g the Complaint Date Received: Time Received:			
Method of Contact: Telephone In-Person Mail E-Mail Other					
Signature of Person Receiving Complaint:					
L		Completed Control Months			
	EIN	Complaint Control Number			
		Page of pages			