



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
Division of State Police
Bureau of Professional Standards and Compliance
Internal Affairs Unit



Uniform Civilian Complaint Report

Please give this completed document to a Police Supervisor or send it to the Connecticut State Police, Bureau of Professional Standards and Compliance, Internal Affairs Unit, at the following address: 1111 Country Club Road Middletown, CT 06457-2389. You may also e-mail this form to the Complaint Intake Coordinator at: CSP.Complaint@CT.Gov

Type of Complaint: ☐ Misconduct ☐ Malfeasance ☐ Biased-Based Profiling/Stop

Date of Incident:	Time of Incident:	Date Reported:	Time Reported:
Location of Incident: (Street, city/town or exact address if known)			
Complainant's Name: (First, Middle, Last Name)			Complainant's DOB:
Complainant's Address: (Number, Street, City/Town, State, Zip Code, Apt./Condo Unit Number)			Complainant's Home #:
Complainant's Cell Phone #:	Complainant's Work Phone #: (Area Code)		Complainant's E-Mail Address:
Employer:			Occupation:
Employer's Address: (Number, Street, City/Town, State, Zip Code)			Employer's Telephone #:
Name of Person Assisting Complainant:	Address: (Number, Street, City/Town, State, Zip Code)		Telephone #:
Name of Employee Complained About (if known or physical description, badge #, car #, etc.)			
Witness(es) Information: (Name, DOB, Address: Number, Street, City/Town, State, Zip Code, Apt./Condo Unit Number, Telephone #, etc.)			



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Please provide answers to the following questions:	Yes	No	Unsure
1. To your knowledge, was all or any part of the incident complained about videotaped or audiotaped 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 above questions, please provide details below.) Details of the incident: Please provide a full description of the circumstances that prompted your complaint. Attach supporting documentation as appropriate; including letters, emails, photographs, video or audio tapes, etc.

(Attach additional pages, if necessary)



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Biased-Based Profiling Complaints Only

Nature of Stop: ☐ Investigation, Criminal ☐ Violation, Motor Vehicle ☐ Equipment, Motor Vehicle

☐ Driver ☐ Pedestrian ☐ Other _____

Basis for Complaint:

☐ Race ☐ Color ☐ Ethnicity ☐ Age ☐ Gender ☐ Sexual Orientation ☐ Religion or Membership in any other Protected Class

I have read, or had read to me, the attached complaint and statement consisting of _____ pages. All of the answers are true and accurate to my knowledge. I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function is a crime punishable by fine and/or imprisonment. (See C.G.S. § 53a-157b)

Complainant: _____ <i>Signature of Complainant (Signed in presence of Notary/Trooper/Police Officer)</i>	Date signed by complainant: _____ <i>mm/dd/yyyy</i>
Notary / State Police Supervisor or Commander / Commissioner of the Superior Court _____ <i>Signature Print Name Date Commission Expires</i>	Subscribed and sworn to before me this ____ day of _____ 20____

Person Receiving the Complaint _____ <i>Signature of person receiving complaint Print Name Title/Rank ID Number</i> Method of Contact: <input type="checkbox"/> Telephone <input type="checkbox"/> In-Person <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Other	Date and time received _____ <i>mm/dd/yyyy</i>
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Received by Bureau of Professional Standards and Compliance, Internal Affairs Unit: _____ <i>Signature of person receiving complaint Print Name Title/Rank ID Number</i>	Date and time received at Internal Affairs Unit _____ <i>mm/dd/yyyy</i> Control Complaint Number: _____
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