

New Canaan Police Department

CIVILIAN COMPLAINT REPORT

Please complete this form as thoroughly as possible and give it to a Police Supervisor or mail it to New Canaan Police Deptartment, Chief John DiFederico, 174 South Avenue, New Canaan, CT 06840

Date of Incident Time of Inc		ident	Date Reported	Date Reported		Time Reported				
Location of Incident										
Complainant's Name Complainant's Add			inant's Address (Stre	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					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			
 To your knowledge, was all or any part of the incident complained of video or audio taped by anyone? 										
 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 p Details of the Incident: Please provide a full description of the supporting documentation, as appropriate; including letters, e	circumstances	that prompte		
I understand that making a false statement intended to mislea violation of Connecticut General Statute 53a-157b and could re				
(Attach additional pages, if necessary)				
Person Receiving th	ne Complaint			
Rank/Name/ ID Number	Date Received		Time Received	
Method of Contact (Check): Telephone In-Perso	n 🔲 Mail	E-Mai	I Other	
Signature of person receiving complaint		Complaint Co	ntrol Number	