Bethel Police Department

Uniform Civilian Complaint Form:

Please give this (2 page) completed form to a Police Supervisor; Sergeant, Lieutenant, or Captain or mail it to: Chief of Police, Bethel Police Department, 12 Judd Avenue, Bethel, Ct, 06801.

Complainants Name:		Complainants Address:	
Date of Incident:	Time of Incident:	Date Reported:	Time Reported:
Officers Name /10 / or description:		Were you arrested?	MY Incident or Ticket?
Location of Incident:			
Complainants DOB:	Home Phone:	Cell Phone:	Work or other Phone:
Your Employer:		Your Occupation:	
Language. Is there a Person assisting you? **Name:**	Address:		Phone:
Witnesses: Name, address, phone			

Please explain what happened:

Signature: _____ Date: _____

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*Signature

Please answer the below Questions:	Yes	No	Unsure
1 To your knowledge, was all or any part of the incident complained of, video or audio recorded 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?	☐	☐	☐

I have read, or had read to me, the above and or attached complaint and statement consisting of ____ pages. The statement I have made and answers given are true and accurate to the best of my knowledge. I understand that making a false statement intended to mislead a law enforcement officer in his official function is a crime in violation of Connecticut General Statute 53a-157b and could result in my arrest.

Complainant Signature	Date and Time
On this date - , before me, the undersigned Officer appeared with the complainant whose name is subscribed above and acknowledged that he/she truthfully executed this instrument for the purpose herein stated.	Notary Print Rank/Name/ID

Officer Receiving the Complaint:

Printed – Rank & Name	Date:	Time:
Signature:		