

East Lyme Police Department



CIVILIAN COMPLIMENT/INQUIRY/COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Internal Affairs Unit of this agency at the following address or email: Chief of Police, Town of East Lyme – Police Department, 277 West Niantic, Connecticut 06357. Email: mfinkelstein@eastlymepolice.org

Date of Incident Time of Inc		cident		Date Reported		Time Reported			
Location of Incident	1					-			
Contact's Name		Con	tact's	Address (Street, Ci	ty, State, ZI	P)			
Contact's DOB Contact's Home Phone#			C	Contact's Work Phone#					
Contact's Cell Phone# Contact's E-ma			E-mail	I					
Employer			(Occupation					
Employer's Address					Employer's	ployer's Telephone			
Name of Person Assisting Contact Address				,		Telephone			
Employee commente	d about (if known)	: (Name o	r physi	ical description, Ba	ndge #, Car #	, etc.)			
Witness Information	(Name, D.O.B., Ad	dress, Tele _l	phone	#, etc.)					
Please provide answers to the following questions:					YES	NO	UNSURE		
1. To your knowledge, was all or any part of the incident inquired about video or audio taped by anyone?									
2. Are you afraid for your safety, or that of any other person, for any reason as a									
result of making this inquiry? 3. Has anyone threatened you or otherwise tried to intimidate you in an effort to									
prevent you from making this inquiry? 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 provide details below.)									

Details of the Incident: Please provide a full description or supporting documentation, as appropriate; including letter		•			
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(Attach additional pages, if necessary)					
I have read, or had read to me, the above and attached req	uest and statemer	nt consisting of	pages. All of the		
answers are true and accurate to my knowledge. I underst		•	•		
aw enforcement officer in his official function is a violation	_				
in my arrest and being fined and/or imprisoned.					
Contact's Signature	Date and Time Signed				
On this the day of,,	Notary (For Authority See C.G.S. §§1-24, 3-94a et seq.)				
before me the undersigned officer, personally appeared					
the individual whose name is subscribed above and acknowledged that he/she truthfully executed this	Print Rank/Name/ID Number:				
instrument for the purposes herein contained.					
Person Receiving t	the Inquiry Requi	act			
reison neceiving	ine inquiry keque				
Rank/Name/ ID Number	Date Receiv	ved	Time Received		
Method of Contact (Check): Telephone In-P	erson 🔲 Mail	E-Mai	Other		
Signature of person receiving request		Inquiry Contro	ol Number		
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