



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 Incident	Date Reported	Time Reported		
Location of Incident					
Contact's Name		Contact's Address (Street, City, State, ZIP)			
Contact's DOB	Contact's Home Phone#	Contact's Work Phone#			
Contact's Cell Phone#		Contact's E-mail			
Employer		Occupation			
Employer's Address			Employer's Telephone		
Name of Person Assisting Contact	Address		Telephone		
Employee commented 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
1. To your knowledge, was all or any part of the incident inquired about video or audio taped 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 inquiry?			<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 inquiry?			<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"/>
<i>(If you answered "Yes" to any of the above questions, please provide details below.)</i>					

