



COVENTRY POLICE DEPARTMENT

PERSONNEL COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Chief of Police at 1585 Main St. Coventry, CT 06238. It may also be dropped off at the department or emailed to mpalmer@coventryct.org

Date of Incident	Time of Incident	Date Reported	Time Reported
Location of Incident			
Complainant's Name		Complainant's Address (Street, City, State, ZIP)	
Complainant's DOB	Complainant's Home Phone#		
Complainant's Cell Phone#		Complainant's E-mail	
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
1. To your knowledge, was all or any part of the incident complained of 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 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"/>
<i>(If you answered "Yes" to any of the above questions, please provide details below.)</i>			
Details of the Incident: Please provide a full description of the circumstances that prompted your complaint. Attach supporting documentation, as appropriate; including letters, e-mails, photographs, video or audio tapes, etc.			

Lined area for additional information or attachments.

(Attach additional pages, if necessary)

Complainant's Signature	Date and Time Signed
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Person Receiving the Complaint		
Rank/Name/ ID Number	Date Received	Time Received

Method of Contact (Check): Telephone In-Person Mail E-Mail Other

Signature of person receiving complaint:	Complaint Control Number:
Complaint forward to Chief by:	Date:

***The supervisor receiving a personnel complaint shall acknowledge receipt and give a copy to the person making the complaint.**