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

<table>
<thead>
<tr>
<th>Date of Incident</th>
<th>Time of Incident</th>
<th>Date Reported</th>
<th>Time Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone?</th>
<th>YES</th>
<th>NO</th>
<th>UNSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Are you able to read, write and speak the English Language?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

(If you answered “Yes” to any of the above questions, please provide details below.)

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.
Complainant’s Signature  Date and Time Signed

Person Receiving the Complaint

<table>
<thead>
<tr>
<th>Rank/Name/ ID Number</th>
<th>Date Received</th>
<th>Time Received</th>
</tr>
</thead>
</table>

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.*