NORWALK POLICE DEPARTMENT
CIVILIAN COMPLAINT FORM

HQ#: If complaint resulted from a reported incident
DIV#: (DB/SS/YB)

LAST NAME: ___________________________________FIRST NAME: ________________________ M.I.: _______
(all complaintant’s identifying information may be optional)

SEX: _____ RACE: _____ DOB: ___________ DATE/TIME COMPLAINT RECEIVED: ___________________

ADDRESS:____________________________________________________________________________________

CITY: ________________________________ STATE: _______________ ZIP: _______________

HOME PHONE: ____________________________ WORK PHONE: ____________________________

CELL PHONE: ____________________________ EMAIL: _______________________________________

EMPLOYER:_______________________________________ OCCUPATION: __________________________

EMPLOYER’S ADDRESS:_______________________________________ PHONE: __________________________

LOCATION OF INCIDENT:________________________________ DATE:_____________ TIME: ___________

EMPLOYEE COMPLAINT IS BEING MADE AGAINST (IF KNOWN): _______________________________________
(name, physical description, badge/car #, etc)

BRIEF DESCRIPTION OF INCIDENT:___________________________________________________________
____________________________________________________________________________________________

WITNESSES TO INCIDENT: (If available)
NAME:________________________________________ADDRESS:______________________________________PHONE:_____________

NAME:________________________________________ADDRESS:______________________________________PHONE:_____________

NAME OF INTERPRETER (IF USED)______________________________________PHONE:____________________

PERSON ASSISTING:______________________________________PHONE:___________________________

ADDRESS: ________________________________________________________

1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone? YES NO UNSURE
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? ☐ ☐ ☐

If you answered yes to any of the above questions, please provide details in statement.

NPD021 (06/15)
WAS STATEMENT TAKEN: YES☐ NO☐ (EVERY EFFORT SHOULD BE MADE TO OBTAIN STATEMENT)
HOW WAS COMPLAINT RECEIVED: IN PERSON☐ TELEPHONE☐ MAIL☐ EMAIL☐ OTHER☐
WAS COMPLAINTANT ARRESTED: YES☐ NO☐
WAS MEDICAL ATTENTION REQUIRED: YES☐ NO☐ (IF YES STATE WHERE AND NATURE OF TREATMENT RECEIVED)

I HAVE READ OR HAD READ TO ME, THE ABOVE AND ATTACHED COMPLAINT AND STATEMENT CONSISTING OF ________ PAGES. ALL OF THE ANSWERS ARE TRUE AND ACCURATE TO MY KNOWLEDGE. I UNDERSTAND THAT MAKING A FALSE STATEMENT INTENDED TO MISLEAD A LAW ENFORCEMENT OFFICER IN HIS OFFICIAL FUNCTION IS IN VIOLATION OF CONNECTICUT GENERAL STATUTE 53a-157b AND COULD RESULT IN MY ARREST AND BEING FINED AND/OR IMPRISONED.

SIGNATURE OF COMPLAINANT: __________________________________ DATE/TIME: ________________

SUPERVISOR RECORDING COMPLAINT (complete the section below):

ON THIS THE _______ DAY OF __________________, __________, BEFORE ME THE UNDERSIGNED OFFICER, PERSONALLY APPEARED THE COMPLAINTANT WHOSE NAME IS SUBSCRIBED ABOVE AND ACKNOWLEDGED THAT HE/SHE TRUTHFULLY EXECUTED THIS INSTRUMENT FOR THE PURPOSES HEREIN CONTAINED.

RANK/NAME: _______________________________ DATE: _______ __________

(SIGNATURE) ID#: _______ _______

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COMPLAINANT’S RECEIPT

DETACH AND GIVE TO COMPLAINANT

This is to acknowledge (Complainant name)________________________________ has made a complaint concerning activity of a member(s) of the department. This complaint will be reviewed by the department according to existing procedures. You may be requested to appear for an interview. You will be notified of the outcome of the review.

Name of interpreter (if used): _______________________________

Complaint received by: _______________________________ Date: _______________ Time: _______________

(PRINT)

NPD Case Number: _______________________________

NPD021 (03/17)