SOUTHERN CONNECTICUT STATE UNIVERSITY POLICE DEPARTMENT 14 Wintergreen Avenue NEW HAVEN, CT 06515 (203) 392-5375



Please give this completed document to a Police Supervisor or send it to the attention of the Chief of Police of this agency at the following address or email: Kenneth J. Rahn, Chief of Police, Southern Connecticut State University Police Department, 501 Crescent Street, New Haven, Connecticut 06515-1355. Email: rahnk1@southernct.edu

Date of Incident	Time of In	cident	Date Reported		Time Reported		
Location of Incident							
Complainant's Name Complainant's Address (Street, City, State, ZIP)							
Complainant's DOB	Complainant's H	ome Phone#	Complainant's Work Phone#				
Complainant's Cell Ph	none#	Complainant	's E-mail				
Employer			Occupation				
Employer's Address Employer'			s Telephor	ne			
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?							
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. I	f your answer to Question #4 is "No" or "Unsure", have you been provided vith adequate language assistance to help you understand and fill out this form?
Deta	bu answered "Yes" to any of the above questions, please provide details below.) ils of the Incident: Please provide a full description of the circumstances that prompted your complaint. Attach orting documentation, as appropriate; including letters, e-mails, photographs, and video or audio tapes, etc.
(Atta	ch additional pages, if necessary)

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 a violation of Connecticut General Statute 53a-157b and could result in my arrest and being fined and/or imprisoned.

Complainant's Signature	Date and Time Signed
On this the day of,, before me the undersigned officer, personally appeared	
the complainant whose name is subscribed above and acknowledged that he/she truthfully executed this instrument for the purposes herein contained.	

Person Receiv	ving the Complaint	
Rank/Name/ ID Number	Date Received	Time Received
Method of Contact (Check): 🔲 Telephone 🔲 In-	-Person 🔲 Mail 🔲 E-Mai	il 🔲 Other
Signature of person receiving complaint	Complaint C (Assigned by Inte	ontrol Number ernal Affairs)

SOUTHERN CONNECTICUT STATE UNIVERSITY POLICE DEPARTMENT 501 CRESCENT STREET NEW HAVEN, CT 0651 (203) 392-5375

CIVILIAN COMPLAINT REPORT CONTINUATION PAGE _____ OF _____



Date of Incident	Time of Incident	Complainant's Name	