



# Suffield Police Department

**James Canon Jr.**  
Chief

911 Mountain Road | Suffield | CT | 06078  
TEL. (860) 668-3870 | FAX (860) 668-3875

## Civilian Complaint Report

Please give this completed document to a Police Supervisor or send it to the Chief of Police at Suffield.

You can also e-mail this form to [jcanon@suffieldct.gov](mailto:jcanon@suffieldct.gov) or [rpalmer@suffieldct.gov](mailto:rpalmer@suffieldct.gov).

Date of Incident	Time of Incident	Date & Time Reported		
Location of Incident				
Complainant's Name		Complainant's Address (Street, City, State, ZIP)		
Complainant's DOB	Complainant's Home Phone Number	Complainant's Work Phone Number		
Complainant's Cell Phone Number		Complainant's Email		
Employer		Occupation		
Employer's Address (Street, City, State, ZIP)		Employer's Telephone		
Name of Person Assisting Complainant	Address (Street, City, State, ZIP)	Telephone Number		
Employee Complained about (if known): (Name of 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 audiotaped 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 because 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 on the back of this form)</i>				

Details of the Incident: Please provide a full description of the circumstances that prompted your complaint. Attach supporting documentation, as appropriate; including letters, emails, photographs, video or audio tapes, etc.

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(Attach 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.	Notary (For Authority See C.G.S. §§1-24, 3-94a et seq.)
	Print Rank/Name/ID Number:

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:
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