**UCONN HEALTH POLICE DEPARTMENT**

**COMPLAINT REPORT**

Please give this completed document to a Police Supervisor or send it to the Chief of Police at the following address or email: Chief Joe Curreri UConn Health Police Department, 263 Farmington Avenue, Farmington, CT 06030: Email: [curreri@uchc.edu](mailto:curreri@uchc.edu).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Work Phone#** | | | | | |
| **Complainant’s Cell Phone #** | | | **Complainant’s Email** | | | | | | | | |
| **Employer** | | | | | | | **Occupation** | | | | |
| **Employer’s Address** | | | | | | | | | **Employer’s Telephone** | | |
| **Name of Person Assisting Complainant** | | | | **Address** | | | | | | **Telephone** | |
| **Employee Complained About (if known): (Name or Physical Description, Badge #, Car #, etc.)** | | | | | | | | | | | |
| **Witness Information (Name, DOB, 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. **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 below.)***  **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.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Attach additional pages, if necessary)** | | | | | | | | | | | |
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**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): In-Person Mail Email Other**

|  |  |
| --- | --- |
| **Signature of Person Receiving Complaint** | **Complaint Control Number** |