



## RIDGEFIELD POLICE DEPARTMENT CIVILIAN COMPLAINT FORM

Please give this completed form to any officer, mail, fax or drop off in-person to:

**Ridgefield Police Department**  
**76 East Ridge Rd., Ridgefield, CT 06877 - Attn: Internal Affairs Unit**  
**Phone: 203-438-6531 | Fax: 203-431-2741**

DATE OF INCIDENT	TIME OF INCIDENT	DATE REPORTED	TIME REPORTED	
LOCATION OF INCIDENT				
COMPLAINANT'S NAME		DOB		
HOME ADDRESS				
PHONE		EMAIL		
WITNESS NAME, ADDRESS, PHONE				
<b>PLEASE PROVIDE ANSWERS TO THE FOLLOWING QUESTIONS:</b>  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.)		YES	NO	UNSURE
<b>Please provide a full description of the circumstances that prompted your complaint. Include the name of the police department employee (if known), physical description, badge #, car #, etc. Attach any supporting documentation you feel is appropriate.</b>				

I have read, or had read to me, the above and attached complaint consisting of \_\_\_\_ pages. All of the information is 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**

	<i>Date Signed:</i>
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Be advised that signing this document, although not required, is helpful in verifying the identity of the preparer of this complaint. In addition, this signature serves to assist in confirming the truthfulness and validity of the information contained within this document.

**FOR INTERNAL POLICE DEPARTMENT USE ONLY**

<i>Form Received by (Name, Rank, ID/Badge #):</i>		<i>Date &amp; Time Received:</i>	
<input type="checkbox"/> In-person	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> Mail
<i>Form Received by Department Internal Affairs Unit:</i>		<i>Date &amp; Time Received:</i>	
<b>INTERNAL AFFAIRS INCIDENT #:</b>			