



COVENTRY POLICE DEPARTMENT

PERSONNEL COMPLAINT FORM

Please give this completed document to a Police Supervisor or send it to the Chief of Police at 1585 Main St. Coventry, CT 06238. It may also be dropped off at the department or emailed to epeterson@coventryct.org

Date of Incident	Time of Incident	Date Reported	Time Reported
Location of Incident			
Complainant's Name (complaints may be made anonymously)			
Complainant's DOB		Complainant's Home Phone#	
Complainant's Cell Phone#		Complainant's E-mail	
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?			<input type="checkbox"/>
2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?			<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"/>
4. Are you able to read, write and speak the English Language?			<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"/>
<i>(If you answered "Yes" to questions #1, #2, or #3 above, please provide details below.)</i>			
Details of the Incident: Please provide a full description of the circumstances that prompted your complaint. Attach supporting documentation, as appropriate; including letters, e-mails, photographs, video or audio tapes, etc.			

