



# CHESHIRE POLICE DEPARTMENT

## COMPLIMENT / COMPLAINT FORM

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**Your Information** (if you wish to remain anonymous, your compliment or complaint will still be accepted).

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Last Name	First Name	M.I.	Date of Birth
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Home Phone	Work Phone	Cell Number
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Address	Town/City	State	Zip
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**Officer(s) Involved**

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Officers Name	Badge # (if known)	Car #
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Officers Name	Badge # (if known)	Car#
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**Witness Information**

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Last Name	First Name	M.I.	Phone Number
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Address	Town/City	State	Zip
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Last Name	First Name	M.I.	Phone Number
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Address	Town/City	State	Zip
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**Incident Details\***

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Date of Incident	Time of Incident	Location of Incident
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\*Please provide as much detail as possible, particularly if you do not know the names of the employees involved. The information you provide will help us to identify a specific employee or incident.

**Description of Incident**

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(Attach additional pages, if necessary)

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"/>	<input type="checkbox"/>	<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"/>	<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"/>
(If you answered "Yes" to any of the above questions, please provide details below.)			

Person Receiving the Compliment / Complaint		
Name / Rank / ID Number	Date Received	Time Received

Method of Contact (Check):  Telephone  In-Person  Mail  E-Mail  Other

You may return this form by mail; it does not need to be signed by a supervisor to be accepted. We recommend that you keep a copy for your records.

**Cheshire Police Department  
500 Highland Avenue  
Cheshire, Connecticut 06410**