

Please submit this completed document to the Chief of Police at the following address: Chief Edward Page Reynolds, Hamden Police Department, 2900 Dixwell Avenue, Hamden CT, 06518; or Email: ethicsandintegrity@hamdenpd.com

Date of Incident	Time of Inciden	t	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 # Cor		mplainant's E-mail			
Witness Information (Name, D.O.B., Address, Telephone #, etc.)					
Please provide answers to the following questions:					
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 Attach supporting documentation, as appropriate; incluates, etc.	on of the circumstances that prompted your complaint. uding letters, e-mails, photographs, video, and/or audio
apes, etc.	
(Attach additional pages, if necessary)	
FOR HPD USE ONLY - Person Receiving the C	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