



## Mohegan Tribal Police Department



### CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Internal Affairs Unit of this agency at the following address or email: **Chief Jonathan Montey, Mohegan Tribal Police Department, 49 Sandy Desert Road, Uncasville, CT 06382.** Email: **jmontey1@moheganmail.com**

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 E-mail			
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, 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"/>	<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"/>
<i>(If you answered "Yes" to any of the above questions, 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.**

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**(Attach additional pages, if necessary)**

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.

<b>Complainant's Signature</b>	<b>Date and Time Signed</b>
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.	<b>Notary (For Authority See C.G.S. §§1-24, 3-94a et seq.)</b>
	<b>Print Rank/Name/ID Number:</b>

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

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

<b>Signature of person receiving complaint</b>	<b>Complaint Control Number</b>