The Redding Police Department
Civilian Complaint Report

Report of employee misconduct/substandard service

A. Type of complaint: (indicate misconduct or service)_____

B. Name of Complainant:_____

C. Address of complainant:_____

D. Phone # of Complainant: (home)_____**(work)**_____**(cell)**_____

E. Name of employee (if known):_____

F. Date and Time of alleged occurrence:_____

G. Date and Time of Report:_____

H. Incident No. (if applicable):_____

N A R R A T I V E: DESCRIBE THE CIRCUMSTANCES OF THE INCIDENT

Attach additional sheet(s) if necessary.

Signature of Complainant:_____

Received by:_____ **Date:**_____

Forward Completed Reports to:
Executive Officer
Redding Police Department
96 Hill Road
Redding, Connecticut 06896
(203) 938-3400