



Michael A. Spera
Chief of Police

TOWN OF OLD SAYBROOK DEPARTMENT OF POLICE SERVICES

36 Lynde Street • Old Saybrook, Connecticut 06475

Civilian Complaint Instructions

The Old Saybrook Police Department is providing a system to receive, process, investigate and respond to allegations of misconduct or malfeasance against any member of the Department, whether sworn or civilian. The investigation of all complaints or allegations of such conduct will be fair and impartial.

Instructions

1. Complete the form providing as much information as possible. If the answer to a question is not known leave it blank.
2. Explain your complaint in detail in the space provided. Attach additional sheets to the form if necessary.
3. The complaint form can be submitted in person, by phone, by email, fax or U.S. Mail.
 - In Person – Any member of the Department can receive your complaint. A supervisor will be notified and you will be asked to speak with the supervisor. A supervisor is available 24 hours a day to speak with you.
 - By Phone – Call 860-395-3142 a dispatcher will take your information and a supervisor will return your call.
 - By email* – Email your form to: mspera@oldsaybrookpolice.com
 - By fax* – Fax your form to: 860-388-0178
 - By U.S. Mail* – mail your completed form to: Chief Michael A. Spera, 36 Lynde Street, Old Saybrook, CT 06475
4. Upon receiving your complaint, the complainant will receive an identifying number, a Complaint Number.
5. After the Department receives a complaint, the complainant will be contacted within five (5) business days.

*Email, Fax and U.S. Mail are not monitored 24 hours a day.

July 2016



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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 Michael A. Spera, Old Saybrook Department of Police Services, 36 Lynde Street, Old Saybrook, Connecticut 06475. Email: mspera@oldsaybrookpolice.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"/>
(If you answered "Yes" to any of the above questions, please provide details below.)					



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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:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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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.

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

Person Receiving the 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
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