



STEVE STEPHANOU, GENERAL MANAGER

Town of Manchester



WILLIAM DARBY, CHIEF

POLICE DEPARTMENT
239 Middle Turnpike East
P.O. Box 191

Manchester, Connecticut 06045-0191
Tel: (860) 645-5500 Fax: (860) 643-2939

POLICE COMPLAINT PROCEDURES

All complaints against any employee of the Manchester Police Department will be received, investigated, and appropriate action will be taken per General Order 52-1.

When you file a complaint, complete the Citizen Complaint Form. The following procedure will normally be adhered to:

1. The supervisor receiving the complaint will help you obtain sufficient information to complete the attached complaint form.
2. One copy of the form will be filed with the Manchester Police Department; one copy will be given to you as a receipt.
3. If a continuing investigation is necessary, you will be notified by mail.
4. When the complaint is resolved, you will be notified by mail.
5. Unless an extension is granted by the Chief, investigations are resolved within thirty (30) days of the original complaint.
6. All investigations will remain confidential in accordance with the State of Connecticut Freedom of Information Statutes.
7. Any questions or concerns, please contact the Supervisor conducting the investigation or the Internal Affairs Lieutenant.

These are general guidelines and may be amended by the Chief of Police if circumstances warrant.

I thank you in advance for taking the time to assist us in delivering more effective and efficient law enforcement services in our community.

William Darby
Chief of Police



Manchester 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: Chief William Darby, Manchester Police Department, P.O. Box 191, Manchester, Connecticut 06045-0191. Email: iacomplaints@manchesterct.gov

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			
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.					
<hr/>					
<hr/>					

(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
---	--------------------------