Civilian Complaint Form
Informe De Querella Civil

Complaint No.

Milford Police Department
430 Boston Post Road, Milford, CT 06460
(203) 878-6551

revised 7/1/04

Date & Time Reported *Hora y Fecha de Informe*	Date & Time of Incident *Hora y Fecha De Querella*	Location of incident *Lugar De Informe*	
Complainants' Last Name *Apellido De Querellante*	First Name *Nombre*	Date of Birth *Fecha De Nacimento*	Race *Raca*
Mailing Addess / Apt. or Floor *Direccion Postal/Apt. o Piso*	City, State, Zip Code *Cuida, Estatdo*		
Day Phone *tel. Dia*	Evening Phone *tel. Noche*		
Witness's Last Name *Apellido De Testigo(s)*	First Name *Nombre*	Day Phone / Evening Phone *Tel. Dia / Tel. Noche*	

Name of Police Department Member(s) involved - If uknown, Provide Description *Nombre del Policia(s) - Si Lo Desconoce, Provea Descipcion*	Shield # *Num de placa*

Details of Complaint (Use reverse side if more space is required)
Provea los detailes de su querella. (Si Necesitas mas espacio use la reversa de esta applicacion)

Complainant's Signature Firma del querellante	Date Fecha	Police Officer Receiving Complaint Form *Personal Policia Reciviendo Informacion*