



BENTLEY UNIVERSITY POLICE DEPARTMENT

CIVILIAN COMPLAINT REPORT

Please give this completed document to a Police Supervisor or send it to the Chief of Police of this agency at the following address: Bentley University Police Department, 175 Forest St., Waltham, Massachusetts 02452 or by emailing: eleffler@bentley.edu

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:			<table border="0"> <tr> <td></td> <td colspan="3">CHECK ONE</td> </tr> <tr> <td></td> <td>YES</td> <td>NO</td> <td>UNSURE</td> </tr> <tr> <td>1. To your knowledge, was all or any part of the incident complained of video or audio taped by anyone?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Are you afraid for your safety, or that of any other person, for any reason as a result of making this complaint?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Has anyone threatened you or otherwise tried to intimidate you in an effort to prevent you from making this complaint?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Are you able to read, write and speak the English Language? 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?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		CHECK ONE				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? 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"/>
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<i>(If you answered "Yes" to any of the above questions, please provide details below.)</i>																											

