



## RHODE ISLAND CAPITOL POLICE

## CITIZEN COMPLAINT FORM

COMPLAINANT'S INFORMATION									
Name of Complainant									
Address (Street/City/State/Zip)									
Telephone Number(s)	(Home)		(Wor	k)		(0	Other)		
Mailing Address (if different fr	om above)								
DATE AND LOCATION OF INCIDENT									
<b>Location of Incident</b>		Date of Incident		nt	t Time of Incident				
INFORMATION OF WITNESS TO INCIDENT									
Name of Witness		Address			Telephone #		Relation to Witness		
1)									
2)									
3)									
IDENTITY OF POLICE OFFICER(S)									
Name and Rank of Officer(s) Badge Nur			mber(s) of Officer(s) Description			ription	of Police Vehicle(s)		
1)									
2)									
3)									
NATURE OF COMPLAINT									
(Please use the space below to summarize the details of your complaint. Use reverse side of this form if									
additional space is necessary.)									
METHOD FOR FILING COMPLAINT FORM									
		-	Police, Chief of Police						
	wo Capitol Hill, Room 174, Providence, RI 02903								
OR	Fax (401)	222-109	90						
THIS SECTION FOR OFFICE USE ONLY									
Date received:	Date received:  Assigned complaint #:								