



RHODE ISLAND CAPITOL POLICE CITIZEN COMPLAINT FORM

COMPLAINANT'S INFORMATION

Name of Complainant			
Address (Street/City/State/Zip)			
Telephone Number(s)	(Home)	(Work)	(Other)
Mailing Address (if different from above)			

DATE AND LOCATION OF INCIDENT

Location of Incident	Date of Incident	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 Number(s) of Officer(s)	Description 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

Please mail or fax this form to:	Rhode Island Capitol Police, Chief of Police One Capitol Hill, Suite 200, Providence, RI 02908 OR Fax (401) 222-3932
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THIS SECTION FOR OFFICE USE ONLY

Date received:	Assigned complaint #:
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