RHODE ISLAND STATE 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 WITNESSES TO INCIDENT			
Name of Witness	Address	Telephone Number	Relation to Witness
1)			
2)			
3)			

IDENTITY OF POLICE OFFICER(S)	
Name and/or Rank of Officer:	
Badge Number of Officer:	
Description of Police Vehicle:	

NATURE OF COMPLAINT **(Please utilize the space below to briefly summarize the details of your complaint.)**

(Use reverse side of this form if additional space is necessary.)

METHOD FOR FILING COMPLAINT FORM:	
Please MAIL this form to:	Rhode Island State Police - Professional Standards Unit 311 Danielson Pike, North Scituate, RI 02857
Or FAX this form to:	(401) 444-1105

This Section To Be Filled Out by the Office of Professional Standards	
Date Received by PSU:	Assigned Complaint Number: