South Kingstown Police Department

Civilian Complaint

State Law requires complaints of misconduct of law enforcement officers to be signed and notarized (42-28.6-2(d). **This complaint must be signed and notarized.** If you take the form to be filled out and returned later- please be sure it is signed and notarized.

_____ _____
Name of person making this complaint Date of birth

_____
Home address

_____ _____ _____
Home phone Cell phone Work phone

_____
Location where alleged incident took place

_____ _____
Date of alleged incident Time

_____ _____
Name of witness to alleged incident Age of witness

_____ _____ _____
Home address of witness Home phone Work phone

_____ _____
Name of witness to alleged incident Age of witness

_____ _____ _____
Home address of witness Home phone Work phone

_____ _____
Name of witness to alleged incident Age of witness

_____ _____ _____
Home address of witness Home phone Work phone

_____
Name and/or badge number and rank of police officer(s) allegedly involved in this complaint.

Nature of Complaint

Please describe the nature of your complaint giving as much information as you can. Please use as many additional pages as necessary and please write clearly.

_____
_____
_____
_____
_____
_____
_____
_____
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_____
_____
_____

_____ _____
Date this complaint was made to police Signature of complainant

Subscribed and sworn to before me in _____this

_____day of _____, 20_____.

_____
Notary Public

_____
Commission Expires

_ _

BRING OR MAIL THIS COMPLAINT FORM TO THE SOUTH KINGSTOWN POLICE DEPARTMENT, 1790 KINGSTOWN ROAD, WAKEFIELD, RI 02879

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Do not write in space below- for Police Department Use

Date and time complaint was received _____

Date complainant's notification of complaint receipt mailed to home address furnished_____
SKPD 68