



Little Compton Police Department

*60 Simmons Road
Little Compton, RI 02837
Phone: 401-635-2311
Fax: 401-635-8782*

Civilian Complaint Form

Date of complaint:_____ Time of Complaint:_____

COMPLAINANT

Name:_____	DOB:_____
Home Address:_____	Home Phone:_____
_____	Cell Phone:_____
_____	Work Phone:_____

WITNESS(ES)

(1)	Name:_____	Date of Birth:_____
	Home Address:_____	Home Phone:_____
	_____	Cell Phone:_____
	_____	Work Phone:_____
(2)	Name:_____	Date of Birth:_____
	Home Address:_____	Home Phone:_____
	_____	Cell Phone:_____
	_____	Work Phone:_____

EMPLOYEES NAMED IN THE COMPLAINT (IF KNOWN)

Rank/Name:_____	Badge #:_____
Rank/Name:_____	Badge #:_____



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LOCATION OF THE COMPLAINT

Location: _____

Date of Incident: _____ Time of Incident: _____ AM _____ PM

Was a ticket/warning or arrest made at this incident? _____ YES _____ NO

If yes please specify/explain: _____

I understand that this statement of complaint will be submitted to the Little Compton Police Department and may be the basis for an investigation. Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

I understand that, under the regulations of the department, the employee against whom this complaint is filed may be entitled to request a hearing. By signing and filing this complaint, I hereby agree to appear at this hearing, if one is requested by the employee, and to testify under oath concerning all matters relevant to this complaint.

Signature of complainant

Date

____ Check if complainant refused to sign.

Signature of Person Receiving Complaint

Date

