

RHODE ISLAND STATE POLICE

Complaint / Compliment Form



Please ider	ntify if this is a	<u>complaint</u> or	r a <u>compliment</u> .	\checkmark
YOUR INFORMATION				
Full Name:				
Home Address:		Home Phone Number: () Mobile Phone Number: () Other Phone Number: ()		
Mailing Address (if different from	m above):			
INCIDENT INFORMATION				
Date of Incident:	Time of Incident:		Citation / Report Number:	
Location / Address of Incident:	I			
INFO	ORMATION OF W	VITNESSES T	O INCIDENT	
Name:		Relation to Witness:		
Address:		Telephone Nur	mber: ()	
Name:		Relation to Witness:		
Address:		Telephone Number: ()		
	Use next page to list ad			
	IDENTITY OF TH	ROOPER / EM	IPLOYEE	
Name and / or Rank of Trooper or	r Employee:			
Badge Number of Trooper:				
Description of Police Vehicle:				
DESCRIPTION OF INCIDENT				
If this is a complaint being filed t	Use next page for addi		<i>necessary.</i> e VI Program, which prohibits discrim	ination
based on the following categories,				
Race Color National On	rigin 🗌 Sex 🗌 Age	Disability	Income Level 🗌 Limited English Profi	ciency

METHODS FOR SUBMITTING THIS FORM TO THE PROFESSIONAL STANDARDS UNIT

- Deliver in person to: Any of the Rhode Island State Police Barracks
- Fax to: (401) 444-1105
- Email to: <u>PSU@risp.gov</u>
- Mail to: Rhode Island State Police Professional Standards Unit, 311 Danielson Pike, North Scituate, RI 02857 •

Professional Standards Unit Use Only

Assigned Complaint Number:

Date Received by PSU:

If a report is found to be fabricated and maliciously pursued, the reporting party may be subject to criminal prosecution and/or civil proceedings.



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DESCRIPTION OF INCIDENT (CONTINUED)