



East Greenwich Police Department

Complaint / Compliment Form



Please identify if this is a Complaint or a Compliment.

YOUR INFORMATION		
FULL NAME:		
Home Address:	Home Phone Number: () _____	
	Mobile Phone Number: () _____	
	Other Phone Number: () _____	
Mailing Address (if different from above):		
INCIDENT INFORMATION		
Date of Incident:	Time of Incident:	Citation/Report Number:
Location / Address of Incident:		
INFORMATION OF WITNESSES TO INCIDENT		
Name :	Relation to Witness:	
Address:	Telephone Number:	
Name:	Relation to Witness:	
Address:	Telephone Number:	
<i>Use next page for additional witnesses if necessary.</i>		
IDENTITY OF OFFICER / EMPLOYEE		
Name and or Rank of Officer or Employee:		
Badge Number of Officer:		
Description/Plate of Police Vehicle:		
DESCRIPTION OF INCIDENT		
<div style="text-align: right; font-size: small; margin-top: 10px;">Use next page for additional comments if necessary.</div>		
METHODS FOR SUBMITTING THIS FORM TO THE PROFESSIONAL STANDARDS UNIT :		
<ul style="list-style-type: none"> Deliver in Person to the East Greenwich Police Station FAX to (401)885-1944 Email to: SCIRELLA@eastgreenwichri.com Mail to Professional Standards Officer, 176 First Avenue, East Greenwich, RI, 02818 		
<i>Professional Standards Unit Use Only</i>		
Date Received by PSU	Assigned Complaint Number:	

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)

A large, empty rectangular box intended for the user to provide a detailed description of the incident.