



Charlestown Police Department

4901 Old Post Road
Charlestown, RI 02813

Jeffrey S. Allen, Chief of Police

DEPARTMENT USE ONLY	
DATE RECEIVED	
TIME RECEIVED	
RECEIVED BY (PRINT NAME)	

CIVILIAN COMPLAINT FORM

Instructions:

1. Complete with as many details as possible.
2. Return the completed form to the Office of the Chief of Police.

COMPLAINANT INFORMATION

This form is to be completed by the person making the complaint.

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	SEX	RACE
HOME PHONE	WORK PHONE & EXTENSION		DRIVER LICENSE NUMBER & STATE		
ADDRESS		TOWN / CITY	STATE	ZIP	

OFFICER(S) / EMPLOYEE INVOLVED

OFFICER'S / EMPLOYEE'S NAME	BADGE #	CAR #
OFFICER'S / EMPLOYEE'S NAME	BADGE #	CAR #
OFFICER'S / EMPLOYEE'S NAME	BADGE #	CAR #

OFFICER'S / EMPLOYEE'S NAME	BADGE #	CAR #
OFFICER'S / EMPLOYEE'S NAME	BADGE #	CAR #
OFFICER'S / EMPLOYEE'S NAME	BADGE #	CAR #

WITNESS INFORMATION

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	SEX	RACE
HOME PHONE	WORK PHONE & EXTENSION		DRIVER LICENSE NUMBER & STATE		
ADDRESS		TOWN / CITY	STATE	ZIP	

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	SEX	RACE
HOME PHONE	WORK PHONE & EXTENSION		DRIVER LICENSE NUMBER & STATE		
ADDRESS		TOWN / CITY	STATE	ZIP	

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	SEX	RACE
HOME PHONE	WORK PHONE & EXTENSION		DRIVER LICENSE NUMBER & STATE		
ADDRESS		TOWN / CITY	STATE	ZIP	

INCIDENT DETAILS

Please be as specific and detailed as possible

DATE OF INCIDENT	TIME OF INCIDENT	FPD FILE # (if known)
LOCATION OF INCIDENT		

NATURE OF COMPLAINT: (PLEASE EXPLAIN IN DETAIL THE BASIS OF THE COMPLAINT)

Continue on the reverse side. Be sure to sign the complaint (page 2)

