



# Charlestown Police Department

4901 Old Post Road  
Charlestown, RI 02813  
Michael J. Paliotta, 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)

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

