

North Kingstown Police Department Civilian Complaint Form

Date of Complaint:	Time of Complaint:
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COMPLAINT

Name:	Date of Birth:
Home Address:	
Email Address:	
Home Telephone:	Work Telephone:
Cell Phone:	

WITNESSES

(1) Name:	
Date of Birth:	Telephone:
Home Address:	
(2) Name:	
Date of Birth:	Telephone:
Home Address:	

EMPLOYEES NAMED IN THE COMPLAINT (IF KNOWN)

(Job description or other physical descriptors if needed)

Rank/Name:	Badge Number:
Rank/Name:	Badge Number:

LOCATION OF COMPLAINT

Location:	
Date of Incident:	Time of Incident:

NARRATIVE

NATURE OF COMPLAINT

Please describe the nature of your complaint.
Present your complaint as briefly as possible; however provide as much detail as possible

Attach additional pages if necessary.

Print Name:	
<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> (LAST) (M.I.) (FIRST) </div> Knowingly providing false information will void this complaint and may subject you to a charge of perjury.	
Signature:	Date:

Bring or mail this complaint form to:

North Kingstown Police Department
 Attention Internal Affairs
 8166 Post Road
 North Kingstown, Rhode Island 02852

This Section For Police Use Only

Date / Time complaint received:

Receiving Supervisor:

Date notification made to complaint:

Reviewed by Division Commander:

IV Case No:

Received by Internal Affairs Officer:
