



NORTH KINGSTOWN POLICE DEPARTMENT



8166 Post Road
North Kingstown, RI 02852

Phone: (401) 294-3316

Fax: (401) 294-6830

CIVILIAN COMPLAINT PACKAGE

If you want to make a civilian complaint against an employee on the North Kingstown Police Department, please fill out and submit this civilian complaint package. Please make sure the package is filled out completely and write or print clearly.

Please provide as much information as possible, describing what happened, where it happened and when it happened.

Please identify who was involved including witnesses and identify the employee(s) who was involved, if possible.

Please sign and date the form. You may submit a complaint anonymously; however, this prohibits follow up with you on the status of the complaint, or our ability to obtain further information.

You may obtain a civilian complaint package:

- In person at the police station located at 8166 Post Road, North Kingstown, R.I.
- From the North Kingstown Town Hall Clerk's Office located at 100 Fairway Drive, North Kingstown R.I.
- From our website: <https://www.northkingstownri.gov/894/Police>

You may submit a civilian complaint package in the following manner:

- In person (anytime) at the police station located at 8166 Post Road, North Kingstown, R.I.
- By mail at the above address.
- By FAX at (401) 294-6830 Monday thru Friday 8:00 am until 4:00 pm.
- **Please make sure the package is directed to the:**

INTERNAL AFFAIRS OFFICER

If you need assistance filling out the package or have questions, please contact the Internal Affairs Officer. The phone number for that office is (401) 294-3316 extension 8201. After the complaint is received the Internal Affairs Officer will acknowledge receipt of the complaint.

If the complaint is substantiated on its merits, the Internal Affairs Officer will notify you that an investigation will be conducted. You may be contacted, and a request may be made of you to provide an interview or a formal witness statement.

Upon completion of the investigation, you will be notified by mail of the outcome of the investigation and the action that was taken unless release of that information is prohibited by the Law Enforcement Officers Bill of Rights.

North Kingstown Police Department Civilian Complaint Form

Date of Complaint:	Time of Complaint:
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COMPLAINANT

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:

NATURE OF COMPLAINT (NARRATIVE)

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:

(LAST)

(M.I.)

(FIRST)

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

Receiving Supervisor:

Date / Time complaint received:

Reviewed by Division Commander:

Date / Time complaint reviewed:

Received by Internal Affairs Officer:

Date / Time complaint received:

IA Case No:

Date notification mailed to complainant:

Date notification mailed to complainant
regarding disposition:

Disposition: