



Central Falls Police Department

Citizen Complaint/Compliment Form



PLEASE FILL OUT THIS FORM IN ITS ENTIRETY. IT WILL ASSIST INVESTIGATORS IN INVESTIGATING THE FACTS OF THE INCIDENT.

COMPLAINANT/COMPLIMENTER INFORMATION

Name:			
Address:			
Telephone Numbers:	(Home)	(Work)	(Cell)
Mailing Address: (If different from above)			

INCIDENT INFORMATION

Location of Incident	Date of Incident	Time of Incident

WITNESS INFORMATION

Name of Witness	Address	Telephone Number	Relation to Complainant (Yes or No) If yes, please specify.
1)			
2)			
3)			

OFFICER(S) INFORMATION

Name of Officer	Badge Number of Officer	Description of Police Vehicle

COMPLAINT/COMPLIMENT SYNOPSIS

Describe in as much detail as possible the event or incident. List any facts, conduct or behavior you were subject to that has led you to file this complaint, or the event incident for which you want to compliment our actions. (Use reverse side of this form if additional space is

Complainant/Complimenter Signature	Print Name of Complainant/Complimenter	Date
Parent/Guardian Signature	Print Name of Parent/Guardian	Date

COMPLETED FORMS MAY BE SUBMITTED

In Person	Please enclose form in an envelope marked to the attention of "Office of Professional Standards and Training".
By Mail	Central Falls Police Department 160 Illinois St. Central Falls, RI 02863