



Middletown Police Department

123 Valley Road Middletown, RI 02842

Civilian Complaint Form

Date of Complaint: _____

Time of Complaint: _____

COMPLAINANT

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Date of Birth: _____ Email: _____

Telephone Number: Day: _____ Night: _____

INCIDENT INFORMATION

Date of Incident: _____ Time of Incident: _____ Citation/Report Number: _____

Location: _____

WITNESS(ES)

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Date of Birth: _____ Email: _____

Telephone Number: Day: _____ Night: _____

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Date of Birth: _____ Email: _____

Telephone Number: Day: _____ Night: _____

EMPLOYEE(S)/OFFICER(S) NAMED IN THE COMPLAINT (IF KNOWN)

Rank/Name: _____

Badge #: _____

Rank/Name: _____

Badge #: _____

Rank/Name: _____

Badge #: _____

DESCRIPTION OF INCIDENT

(Please Print or Type)

Lined area for describing the incident.

****Rhode Island General Law §11-32-2 False Report of Crime****

If a report is found to be fabricated and maliciously pursued, the reporting party may be subject to criminal prosecution and/or civil proceedings

Signature of complainant: _____

METHOD FOR SUBMITTING THIS FORM

- Deliver in person or mail to: Middletown Police Department
123 Valley Road
Middletown, RI 02842
Attention: Captain of Administrative and Investigations Division

"A Nationally Accredited Agency"