

Providence External Review Authority

City of Providence

550 Broad Street, Providence, RI 02907

(401) 228-6989 Telephone (401) 228-6998 Facsimile

PERA@providenceri.com

Instruction Sheet for filling out PERA Complaint Form

1. **Instruction Sheet-** This sheet tells how to fill out the attached complaint package
2. **Purpose and Mission** of PERA is to take complaints of alleged misconduct on the part of a Providence Police Officer.
3. **Scope of Authority-** Things that we can consider as police misconduct
4. **Notice-** Tells you a little of the process we work under.
5. **Civilian complaint withdrawal form-** That form is for you if you wish to withdraw your complaint because you choose to, not because you have been coerced. This form needs to be signed in front of PERA notary and notarized.
6. **Medical release form-** If you were treated medically for this incident, and cannot obtain the records yourself, the medical release form will give your approval for our organization to get your medical records.
7. **The actual complaint form:** The Complainant could either be the person that the alleged act(s) of misconduct happen to; or the person submitting the complaint for the person who will be referred to as the victim. Try to fill out as much information as you possibly can.
 - Date of birth
 - Your Social Security is optional, you don't have to put it if you don't want to.
 - Phone numbers
 - Date and time of incident: This is questioning whether or not you are aware what time and date the incident occurred.
 - Location of incident: Do you know where the incident occurred.
 - Please try to identify what type of misconduct that you are alleging against the officer pertaining to this incident. You will be able to identify your type of misconduct from the **Scope of Authority Sheet**.
 - If you have any witnesses that would possibly be able to support you in your complaint please list them in the Witness section of your complaint. Make sure they will be willing to fill out a witness complaint package.

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Next page:

- a) Question: Are you related to the witness? It does not matter whether you are related or not, we are just trying to question your relationship (it could be a friend, neighbor, or someone who were there during the incident.)
- b) If you cannot identify the officer that the complaint is being made against, please give us as close of a description as possible (appearance, badge number or rank).
- c) After completing the above information you will be at the section where you should make your complaint. Please start off your complaint with...On (date) at (time-am/pm) at (location)... this occurred (just start writing the statement) additional sheets have been added in case you need more than one sheet for your complaint.
- d) After completing your complaint you have a medical sheet. This sheet is to be completed if you needed to seek medical treatment. (if you got hurt during the incident by the officer(s). If so, where were you hurt, who treated you and where were you treated is the information being requested on this sheet.

The last sheet of this package asks if you have been arrested and if so...Please fill in the information that would be on your arrest report (which you can obtain from the police department).

- a) Also it asks if you have filled out a complaint anywhere else other than our organization (PERA) please note that information.
- b) Last but not least, it asks what would you like to see happen in the event your complaint is recognized as a complaint that PERA's scope of authority addresses...
- c) Then you are asked to sign. Please wait and sign the sworn statement in front of PERA Notary. It is the responsibility of the PERA notary to witness your signature on your sworn statement.

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“The Purpose and the Mission of PERA”

The purpose of the Providence External Review Authority (PERA) is to investigate allegations of misconduct on the part of officers of the Providence Police Department, to make findings of fact and to make recommendations of potential disciplinary action to the Chief of Police. PERA was established in 2002 by Providence City Ordinance No. 614 (Chapter 2002-39), to provide for a system of Civilian Oversight over the Providence Police Department. PERA has the mission and the authority to investigate and conduct hearings concerning allegations of misconduct on the part of sworn officers of the Providence Police Department. If you believe that you have been the victim of misconduct committed by a sworn officer of the Providence Police Department, you have the right to report the incident to PERA*. You may contact PERA at the address and telephone number provided above.

PERA Scope of Authority

The authority shall receive complaints that allege misconduct by a police officer or officers, including, but not limited to, the following:

- 1.1 **Inappropriate language or conduct.** "Inappropriate language" shall mean harsh, violent, profane, or derogatory language or any action that demeans the dignity of an individual, including, but not limited to, profanity or ethnic, sexist, sexually oriented, religious or racial slurs.
- 1.2 **Harassment.** "Harassment" shall mean unwarranted verbal or physical annoyances, abuse (whether physical, psychological or verbal), threats or demands.
- 1.3 **Discrimination.** In the provision of police services or other discriminatory conduct on the basis of race, color, creed, religion, ancestry, national origin, sex, sexual or gender orientation, disability, age, gender, or economic status.
- 1.4 **Theft.** "Theft" shall mean the taking or concealing of any item or thing of value without the consent of the rightful owner and with the intent to deprive the rightful owner of that item or thing.
- 1.5 **Excessive use of force.** The use of greater physical force than reasonably necessary to repel an attacker or terminate resistance. It does not include force that is reasonably necessary to affect a lawful purpose.

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NOTICE

- If you want the Providence External Review Authority (PERA) to investigate your complaint, you **MUST** give us a sworn statement about what happened. A Notary Public is available at the PERA office at no charge to you.
- You do not have to use the enclosed Citizen Complaint form, although we recommend it because it will help you organize information about your complaint and avoid later inconvenience.
- We can investigate your complaint even if you face criminal charges related to the incident.
- **If anyone contacts you or attempts in any way to get you to withdraw your complaint of police misconduct from PERA, notify PERA immediately: 401-228-6989.**

**The Providence City Ordinance governing PERA requires that a complaint regarding Police misconduct must be filed within (1) one year of the date of incident.*

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CIVILIAN COMPLAINT WITHDRAWAL

I, _____ of _____
(NAME) (ADDRESS)

_____, herewith withdraw my complaint
(CITY & STATE)

of _____, I no longer wish to pursue this
complaint. (CHARGE)

- I make this decision voluntarily without being subjected to threats, promises or coercion.

“I hereby certify that to the best of my knowledge, and under the penalty of perjury, the statements made herein are true.”

Complainant's Signature

(Must be sworn and signed in the presence of a notary public)

Subscribed and sworn to me

This _____ day of _____, 20____

(SIGNATURE)

PERA Receipt

Intake/Investigator Receiving Document

Date

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AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

MEDICAL FACILITY/ADDRESS: _____

I _____ hereby authorize above named agency
(Print Full Name)

to furnish to the Providence External Review Authority any and all records pertaining to
the treatment of the above individual on _____.
(Date)

This authorization shall become effective immediately and remain in effect for 60 days, or
until such time as I revoke it in writing.

Date of Birth: _____

Social Security #: _____ - _____ - _____

Address: _____

(Signature of Authorizing Person)

(Date)

COMPLETE IF AUTHORIZED PARTY IS OTHER THAN PATIENT:

I, _____, am the parent/legal guardian
(Print Name and Signature)

of the above named minor, or incapacitated adult. I hereby consent and authorize the
release of the above-mentioned records.

Relationship to above individual: _____

Address of Parent/Guardian: _____

- Please initial and date if you have read and understood what you have read.

(Initial) Date: _____

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PERA #:
Date:
Initials:

CIVILIAN COMPLAINT

Complainant

Name: _____

Victim: _____

(If not Complainant)

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

SS Number: _____

(OPTIONAL)

SS Number: _____

(OPTIONAL)

Relationship (To the Victim): _____

Phone: H) _____ W) _____ ALT.) _____

Alternate means of contacting: _____

(Person/Address/Phone) (Required) _____

Date and time of incident:	
Date: _____	Time: _____

Location of incident: (Street address/area)

Alleged act(s) of misconduct:
<input type="checkbox"/> 01 – Inappropriate Language/conduct <input type="checkbox"/> 02 – Harassment <input type="checkbox"/> 03 – Discrimination/ Racial Profiling <input type="checkbox"/> 04 – Theft <input type="checkbox"/> 05 – Excessive Use of Force <input type="checkbox"/> 06 – Other

Witnesses:

Name	Address	Phone

- *Please initial and date if you have read and understood what you have read.*

(Initial) Date: _____

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Civilian Complainant Number: _____

Are you related to any witness? Yes: _____ No: _____

If "Yes", please identify by Witness Number and state relationship:

--

Subject officer(s):

Name	Badge Number	Description
1.		
2.		
3.		
4.		
5.		

Please describe the incident with as much detail as possible, including locations, people involved and evidence available to support your allegation (You may attach a separate statement if it is signed and sworn by you, and sealed by a notary public):

Complainant's Signature Date

- Please initial and date if you have read and understood what you have read.

_____ Date: _____
(Initial)

Providence External Review Authority

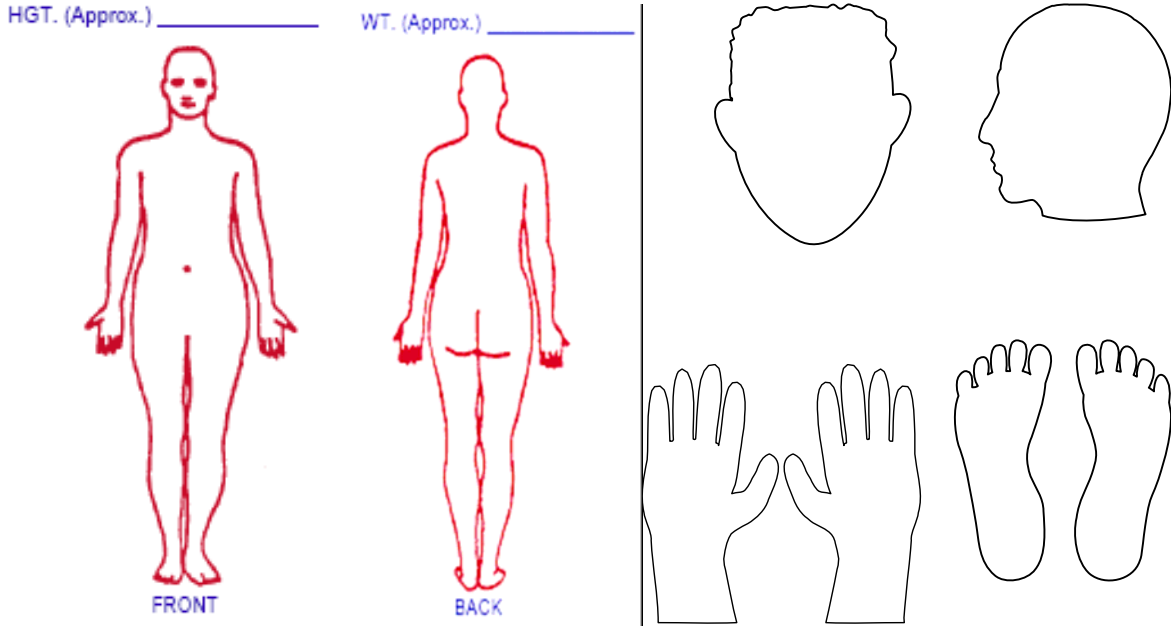
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Civilian Complaint Number: _____



Please mark injury on body parts above and fill in height and weight on the Body Map

Were you hurt in this incident? Yes _____ No _____

Did you receive medical treatment? Yes _____ No _____ When? _____

Who treated you? _____

At what facility were you treated? _____

Do you have photographs of the injury? Yes _____ No _____ If someone else has photographs please identify person & location of photographs:

Complainant's Signature

Date

- Please initial and date if you have read and understood what you have read.

(Initial) Date: _____

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Civilian Complainant Number: _____

Were you arrested? Yes _____ No _____

What charges were filed against you? _____

Disposition:

Have you filed a criminal complaint against the officer(s)? Yes _____ No _____

Have you filed a complaint about this incident anywhere else? Yes _____ No _____

Where? _____

What would you like to see happen as a result of your complaint?

Pursuant to the PERA Rules and Operating Procedures §662.05(h)(5):

“I hereby certify that to the best of my knowledge, and under the penalty of perjury, the statements made herein are true.”

Complainant's Signature

(Must be sworn and signed in the presence of a notary public)

Subscribed and sworn to me

This _____ day of _____, 20__

PERA Receipt

Intake/Investigator Receiving Document

Date

SIGNATURE OF NOTARY

- *Please initial and date if you have read and understood what you have read.*

(Initial) Date: _____