

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 Witness Statement Form

- 1. Instruction Sheet-** this sheet tells how to fill out the attached complaint package
- 2. Purpose and Mission-PERA** were created to take complaints against police misconduct.
- 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. Witness 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. Witness complaint form:**

When you fill out the first page you as the witness name will be first and the person you are acting as a witness to, information will go in the Victim side. Try to fill out as much information as you possibly can.

- Date of birth for yourself as well as the victim if you know it.
- Your Social Security as well as victim is optional, you don't have to put it if you don't want to.
- Phone numbers: we are looking for you the witness 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.
- Alleged act(s) of misconduct: Please try to identify what type of misconduct that you, as a witness, observed and alleging against the officer pertaining to this incident. You will be able to identify your type of misconduct from the **Scope of Authority Sheet.**

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Next page of complaint form:

- a) 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).
- b) 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.
- c) After completing your complaint 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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WITNESS 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.”

Witness 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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PERA #:

Date:

Initials:

WITNESS STATEMENT

Witness

Name: _____

Victim: _____

(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:

Alleged act(s) of misconduct:

- 01 – Inappropriate Language/conduct
- 02 – Harassment
- 03 – Discrimination/ Racial Profiling
- 04 – Theft
- 05 – Excessive Use of Force
- 06 – Other

Location of incident:

(Street address/area)

Are you related to the complainant? Yes: _____ No: _____

If "Yes", please identify and state relationship:

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

(Initial) Date: _____

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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.”

Witness Signature

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

Subscribed and sworn to me

This _____ day of _____, 20____

SIGNATURE OF NOTARY

PERA Receipt

Intake/Investigator Receiving Document

Date

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

(Initial) Date: _____