



# PROVIDENCE POLICE DEPARTMENT CIVILIAN COMPLAINT FORM



Complaint Form Number:

## What You Need to Know

If you wish to file a complaint against an officer with the Providence Police Department, please complete the form below. Please fill in as much information as possible; additional pages may be attached, if necessary.

By completing this form and submitting your complaint to our office, you will be entitled as a complainant to various rights under the consent decree including:

- Being kept informed of the progress of the investigation
- Receiving a final investigation report
- Given the opportunity to make submissions on the complaint

If you simply want the Providence Police Department to know about your concerns, but do not wish to participate in the formal complaint process, you may file an anonymous complaint. Depending on the information provided, it may or may not result in an investigation and you will not have the same rights as set out above. All complaints are recorded and viewed by the Office of Professional Responsibility (OPR).

If you would like more information about the complaint process before making your decision, please visit the OPR website at [www.providencepolice.com](http://www.providencepolice.com) or call (401) 243-6412.

## Your Details

Last Name		First Name		Title (Mr., Mrs., Ms., etc.)	
Mailing Address			City, State, Zip Code		Date of Birth
Home Telephone #	Work Telephone #	Cellular Telephone #	E-Mail Address		

## Details of the Complaint

On what date did this incident occur?	What time did it occur?	Where did it occur?
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If there were any witnesses, please list their names, addresses, and telephone numbers here.

Name and or badge number of officer(s) if known:

Describe any injuries sustained and if treated, when and where?

This form can be mailed or faxed to the  
Providence Police Department  
Office of Professional Responsibility  
325 Washington Street, Providence, RI 02903  
Fax # (401)243-6429

**Please describe your complaint and the details of what occurred. Use an additional sheet of paper if necessary.**

**I affirm the information I have provided in this form is correct and true to the best of my knowledge.**

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**Print Name**

**Signature**

Date Signed

**DATE COMPLAINT RECEIVED**