



# Community College of Rhode Island Campus Police Department

## Citizen Complaint/Compliment Form

Date:

Time:

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

### INDIVIDUAL PROVIDING INFORMATION

|                    |        |        |        |
|--------------------|--------|--------|--------|
| Name:              |        |        |        |
| Address:           |        |        |        |
| Telephone Numbers: | (Home) | (Work) | (Cell) |
| eMail Address:     |        |        |        |

### INCIDENT INFORMATION

|                      |                  |                  |
|----------------------|------------------|------------------|
| Location of Incident | Date of Incident | Time of Incident |
|                      |                  |                  |

### WITNESS INFORMATION

| Name of Witness | Address | Telephone Number | Relation to Complainant<br>(Yes or No) If yes, please specify. |
|-----------------|---------|------------------|--|
|                 |         |                  |  |
|                 |         |                  |  |
|                 |         |                  |  |

### OFFICER(S) INFORMATION

| Name of Officer | Badge Number of Officer(s) | Description of Officer(s)/Police Vehicle(s) |
|-----------------|----------------------------|---|
|                 |                            |   |
|                 |                            |   |

### COMPLAINT/COMPLIMENT SUMMARY

Describe in as much detail as possible the event or incident. List any relevant facts, conduct or behavior that led you to file this complaint or the event/incident for which you want to compliment our officer's actions. Describe the officer(s) if his/her identity is unknown (Use reverse side of this form if additional space is necessary).

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|                                 |  |      |
|---------------------------------|--|------|
| Signature                       | Signature of Parent/Guardian (if < 18) | Date |
|                                 |  |      |
| Receiving OIC/Officer Signature | Officer Name                           | Date |
|                                 |  |      |

### COMPLETED FORMS MAY BE SUBMITTED

|                  |   |
|------------------|---|
| <b>In Person</b> | Please complete the form and leave with the Officer in Charge at one of the four Campus Police offices or at the main office located on the Knight Campus |
| <b>By Mail</b>   | CCRI Campus Police, ATTN: Chief of Campus Police, 400 East Ave, Warwick, R.I. 02886   |