



North Providence Police Department

Commendation / Complaint Form

1967 Mineral Spring Avenue
North Providence, R.I. 02904
401-231-4533

Office Use Only:	
IA#: _____	
Initials: _____	
Date: ____ / ____ / ____	

Instructions: If you would like to praise a North Providence Police Department employee, or file a complaint against a police employee, please write legibly and fill out this form. Personal information will not be disclosed to the public, unless required by law. You can submit this form by mailing or returning it to the North Providence Police Department at the address given at the top of this page. You may also Fax this form to (401) 233-1425.

I wish to file a (please check one): **Commendation** (please fill out the attached sheet of paper) **Complaint**

If you are filing a complaint, indicate the type of complaint you wish to file (you must check one):

- Formal Complaint:** Involves a serious allegation of misconduct, and I want my complaint officially investigated, for which discipline may be imposed, if the allegation(s) are sustained.
- Informal Complaint:** Involves a minor complaint or concern, and I only want my complaint/concerns on record. I understand it will be for informational purposes only, will not be formally investigated. However the matter will be discussed with the employee(s) involved.

Information about you

LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH / /
STREET ADDRESS and APT#		CITY		STATE	ZIP CODE
HOME PHONE () -	WORK PHONE () -	CELL PHONE () -		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

Are you filing this on behalf of someone else? **Yes** **No** *If Yes, then complete this section*

WHAT IS HIS/HER LAST NAME?		FIRST NAME		AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET ADDRESS and APT#		CITY		STATE	ZIP CODE
WHAT IS HIS/HER RELATIONSHIP TO YOU?		HOME PHONE () -		WORK / CELL PHONE () -	

Information about the incident

LOCATION OR ADDRESS OF INCIDENT			DATE OF INCIDENT / /	
			TIME OF INCIDENT : AM / PM	
WITNESS LAST NAME	FIRST NAME	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
WITNESS ADDRESS	CITY	STATE	PHONE () -	
NAME OR ID# OF OFFICER OR EMPLOYEE		NAME OR ID# OF OFFICER OR EMPLOYEE		

Nature of complaint: Check all that apply and briefly describe what happened on the attached sheet of paper

<input type="checkbox"/> Excessive and/or improper use of force	<input type="checkbox"/> Dishonesty and untruthfulness	<input type="checkbox"/> Sexual harassment
<input type="checkbox"/> Brutality	<input type="checkbox"/> Violation of civil rights	<input type="checkbox"/> Workplace violence
<input type="checkbox"/> False arrest	<input type="checkbox"/> Bias-based profiling	<input type="checkbox"/> Violation of criminal statutes
<input type="checkbox"/> Unlawful search and/or seizure	<input type="checkbox"/> Inappropriate conduct and/or behavior, such as rudeness, discourtesy, and offensive language	<input type="checkbox"/> Violation of Department or Town policies, procedures or rules
<input type="checkbox"/> Corruption	<input type="checkbox"/> Department procedures or tactics	<input type="checkbox"/> Gross Insubordination

I attest that the above information is true and correct to the best of my recollection

Signature: _____ Date: ____ / ____ / ____

The citizen has been provided with a copy of this form and a Commendation/Complaint brochure

FOR DEPARTMENT USE ONLY: To be completed by the Supervisor or Unit receiving or initiating a complaint

✓	CATEGORY	DESCRIPTION
<input type="checkbox"/>	CLASS 1	Allegations that have the potential of damaging the reputation of the Department or its personnel and generally include, but are not limited to, allegations of serious misconduct, serious violations of <i>Standards of Conduct</i> and other written directives, or criminal conduct.
<input type="checkbox"/>	CLASS 2	Allegations that generally include, but are not limited to, allegations of a non-serious nature and violations of <i>Standards of Conduct</i> and other written directives of a non-serious nature.
<input type="checkbox"/>	CLASS 3	Minor complaints by a citizen desiring to make an informal complaint against an employee of a minor nature, generally involving an employee's conduct and/or behavior.
<input type="checkbox"/>	CLASS 4	Minor complaints by a citizen who contacts the Department questioning or informally complaining about a procedure or tactic used by the Department or its employees

Signature of Supervisor receiving / initiating the complaint

OFFICER: _____ ID#: _____ DATE: ____ / ____ / ____

Forward this report to your on-duty Unit / Watch Commander for review

Signature of Unit / Watch Commander

OFFICER: _____ ID#: _____ DATE: ____ / ____ / ____

Forward this report to the Professional Standards Unit after review by the Unit / Watch Commander

To be completed by the Professional Standards Unit

✓	CASE ASSIGNED TO	DATE ASSIGNED	DATE COMPLETED
<input type="checkbox"/>	UNIT / SHIFT LEVEL		
<input type="checkbox"/>	PROFESSIONAL STANDARDS UNIT		
<input type="checkbox"/>	NO INVESTIGATION NEEDED (3 or 4 only)		
<input type="checkbox"/>	COMMENDATION ONLY		

To be completed by the Chief of Police

✓	FINDING (Refer to G.O. 52.1.9)	DATE COMPLETED
<input type="checkbox"/>	EXONERATED	
<input type="checkbox"/>	UNFOUNDED	
<input type="checkbox"/>	NOT SUSTAINED	
<input type="checkbox"/>	SUSTAINED	
<input type="checkbox"/>	MISCONDUCT NOT BASED ON ORIGINAL COMPLAINT	
<input type="checkbox"/>	COMPLAINT WITHDRAWN	
<input type="checkbox"/>	POLICY FAILURE	

Signature of Chief of Police

CHIEF OF POLICE: _____ DATE: ____ / ____ / ____



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Instructions: Please describe what happened on this sheet of paper.

I attest that the above information is true and correct to the best of my recollection

Signature: _____

Date: ____ / ____ / ____