**North Smithfield Police Department**
**Complaint Against Police Personnel**

**Complainant Information:**

Name _____ DOB _____
Address _____ (Optional)
City/Town _____
State/Zip Code _____
Best Phone(s) _____
_____

Date/Time Incident Occurred
Date/Timer Incident Reported
Police Personnel Involved (Name or Badge Number if know) _____

**Instructions:**

1. You may take this form home with you to fill out and drop off/mail at a later date.
2. You may fill this form out at the station and ask the dispatcher for an envelope in order that you may seal this complaint.
3. Your complaint will be forwarded directly to the Professional Standards Unit and to the Chief of Police.
4. If you are not contacted within 48 hours of your complaint, please call the Professional Standards Unit (Internal Affairs) or the Chief of Police at 762-1212.
5. If you need further space to explain this incident, please use the reverse side of this form.
6. You may fax this form to 766-9412.

**Explain Incident:**

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Complainant's Signature/Date

Revised 9/14