

East Providence Police Department Civilian Complaint Form

Revised: 12-14-01

Date and Time of Occurrence:		Date and Time Reported:	
Nature of Complaint:			
Telephone	<input type="checkbox"/>	Walk-in	<input type="checkbox"/>
Letter/E-mail	<input type="checkbox"/>	Anonymous	<input type="checkbox"/>
Other	<input type="checkbox"/>		
Complainant:			DOB:
Address:			
Telephone:	HP	BP	Cell Pgr.
Officer Names:	1		
	2		
Witnesses:	1		
		DOB:	HP
			BP
	2		
	DOB:	HP	BP
Details of Complaint: Use Page 2 if Necessary			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
Complainants Signature	Witness	Date/Time	

