

# East Providence Police Department

## Civilian Complaint Form

Revised: 12-14-01

<b>Date and Time of Occurrence:</b>		<b>Date and Time Reported:</b>	
<b>Nature of Complaint:</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <span>Telephone <input type="checkbox"/></span> <span>Walk-in <input type="checkbox"/></span> <span>Letter/E-mail <input type="checkbox"/></span> <span>Anonymous <input type="checkbox"/></span> <span>Other <input type="checkbox"/></span> </div>			
<b>Complainant:</b>			<b>DOB:</b>
<b>Address:</b>			
<b>Telephone:</b>	<b>HP</b>	<b>BP</b>	<b>Cell Pgr.</b>
<b>Officer Names:</b>	1		
	2		
<b>Witnesses:</b>	1		
		<b>DOB:</b>	<b>HP</b>
	2		
		<b>DOB:</b>	<b>HP</b>
<b>Details of Complaint: Use Page 2 if Necessary</b>			
<b>Complainants Signature</b>	<b>Witness</b>		<b>Date/Time</b>

# **East Providence Police Department Civilian Complaint Form**

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**Page 2**

<b>Complainants Signature</b>	<b>Witness</b>	<b>Date/Time</b>