

BARRINGTON POLICE DEPARTMENT

CASE: \_\_\_\_\_

**REPORT OF COMPLAINT AGAINST POLICE PERSONNEL**

**CONFIDENTIAL**

**COMPLAINANT INFORMATION**

Name of Complainant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

At what address can you be contacted?

\_\_\_\_\_

What phone number?

Residence: \_\_\_\_\_ Employment: \_\_\_\_\_

Date and time of incident:

\_\_\_\_\_

Location of incident:

\_\_\_\_\_

**NAME OF OFFICER(S) AGAINST WHOM COMPLAINT IS BEING FILED:**

(If unknown, use best description available as part of narrative)

RANK

NAME

BADGE NUMBER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POLICE VEHICLE(S) USED: \_\_\_\_\_

WITNESSES:

NAME

ADDRESS

PHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE DESCRIBE IN DETAIL YOUR COMPLAINT  
ON THE REVERSE SIDE OF THIS FORM**

I understand that this statement of complaint will be submitted to the Barrington Police Department and may be the basis for an investigation.

Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate and true to the best of my knowledge and belief.

Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion, or promise of any kind.

I understand that, under the provisions of R.I. General Laws 1956, 42-28.6-1 through 15, the officer(s) against whom this complaint is filed may be entitled to request a hearing before a Hearing Committee convened under the authority of R.I. General Laws 1956, 42-28.6.4, if one is requested by the officer(s).

By signing and filing this complaint, I hereby agree to appear before such Hearing Committee and to testify under oath. I also agree to cooperate with the Barrington Police Department's investigation of my complaint.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

(\_\_\_\_ Check here if Complainant refused to sign)

\_\_\_\_\_  
Signature of person Receiving Complaint

\_\_\_\_\_  
Date and Time Received

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

