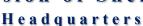


## RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY Division of Sheriffs





670 New London Avenue, Cranston, RI 02920 Telephone: (401) 275-2903 — Fax: (401) 275-2914

Colonel Darnell S. Weaver Director, Department of Public Safety Superintendent, Rhode Island State Police

Acting Chief Paul M. Martellini Sheriff **Rhode Island Division of Sheriffs** 

AΡ	P	ΕI	N	D	IX	В
ΑГ	г	_	v	$\boldsymbol{\nu}$	1	ט

## Citizen Complaint Reporting Form

The Rhode Island Division of Sheriff's goal is to improve the quality of services provided, to promote a high level of public confidence, and to enhance and maintain the professional integrity of this Division.

This form may be used to forward a complaint or concern involving personnel from and/or policies and procedures of this Division. You may choose to remain anonymous; however, citizens offering anonymous complaints are advised that the Division's ability to investigate the complaint may be limited by their anonymity.

In sta

Date & Time of Incident	Location Of Incident		
	Complainant Information		
Last Name (optional)	First Name (optional)	Date of Birth (optional)	
Mailing Address (optional)	City, State, Zip Code (optional)	Contact #	
	Witness #1		
Last Name (optional)	First Name (optional)		
Mailing Address (optional)	City, State, Zip Code (optional)	Contact #	
	Witness #2		
Last Name (optional)	First Name (optional)		
Mailing Address (optional)	City, State, Zip Code (optional)	Contact #	

## Deputy Involved #1

Last Name	First Name	
Mailing Address	City, State, Zip Code	Contact #
official Complaint, Cont'd		
LEASE PROVIDE A DETA	ILED NARRATIVE OF COMPLAINT:	

Official Complaint, Cont'd		
PLEASE PROVIDE A DETAILED NARRAT	TVE OF COMPLAINT:	
*** REMEMBER TO ATT	ACH ALL PERTINENT	DOCUMENTATION ***
Complainant's Signature	Date	Deputy Receiving Complaint

To be completed by the Chief Sheriff

Ů	FINDING (Refer to G.O. 130.01)	DATE COMPLETED	
	EXONERATED		
	UNFOUNDED		
	NOT SUSTAINED		
	SUSTAINED		
	MISCONDUCT NOT BASED ON ORIGINAL COMPLAINT		
	COMPLAINT WITHDRAWN		
	POLICY FAILURE		
Signature of Chief Sheriff			
		DATE:	