



# RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY

## Division of Sheriffs

### Headquarters

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

Chief David M. DeCesare  
Sheriff  
Rhode Island Division of Sheriffs

#### APPENDIX B

### 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.

Improper or false statements may result in legal sanctions. The information contained herein is considered a sworn statement. Complaints may be delivered in person or mailed to the above address.

Date & Time of Incident	Location Of Incident
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#### Complainant Information

Last Name <i>(optional)</i>	First Name <i>(optional)</i>	Date of Birth <i>(optional)</i>
Mailing Address <i>(optional)</i>	City, State, Zip Code <i>(optional)</i>	Contact #

#### Witness #1

Last Name <i>(optional)</i>	First Name <i>(optional)</i>
Mailing Address <i>(optional)</i>	City, State, Zip Code <i>(optional)</i> Contact #

#### Witness #2

Last Name <i>(optional)</i>	First Name <i>(optional)</i>
Mailing Address <i>(optional)</i>	City, State, Zip Code <i>(optional)</i> Contact #

## Deputy Involved #1

Last Name	First Name	
Mailing Address	City, State, Zip Code	Contact #

### **Official Complaint, Cont'd**

PLEASE PROVIDE A DETAILED NARRATIVE OF COMPLAINT:

**Official Complaint, Cont'd**

PLEASE PROVIDE A DETAILED NARRATIVE OF COMPLAINT:

**\*\*\* REMEMBER TO ATTACH ALL PERTINENT DOCUMENTATION \*\*\***

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Receiving Complaint

*To be completed by the Chief Sheriff*

🕒	FINDING (Refer to G.O. 130.01)	DATE COMPLETED
<input type="checkbox"/>	EXONERATED	
<input type="checkbox"/>	UNFOUNDED	
<input type="checkbox"/>	NOT SUSTAINED	
<input type="checkbox"/>	SUSTAINED	
<input type="checkbox"/>	MISCONDUCT NOT BASED ON ORIGINAL COMPLAINT	
<input type="checkbox"/>	COMPLAINT WITHDRAWN	
<input type="checkbox"/>	POLICY FAILURE	
<p style="text-align: center;"><i>Signature of Chief Sheriff</i></p> <p style="text-align: right;">DATE: _____</p>		