



**NORTH SMITHFIELD POLICE DEPARTMENT**  
**North Smithfield Police Department**  
**Citizen Complaint against Police Personnel**

### **Complainant Information**

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State/Zip Code

Home Phone \_\_\_\_\_

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**Date/Time Incident Occurred**

Date/ Time Incident Reported

DOB: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Instructions:**

1. You may take this form home with you to fill out and drop off/ mail at a later date.
2. You may fill this form out at the station and ask the dispatcher for an envelope in order that you may seal this complaint.
3. Your complaint will be forwarded directly to the Profession Standards Unit and the Chief of Police.
4. If you need further space to explain this incident, please use the reverse side of this form.

### Explain Incident:

**Complainant's Signature/Date**