



William A. McGarry
Chief of Police

SMITHFIELD POLICE DEPARTMENT

215 Pleasant View Avenue
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(401) 231-2500

CIVILIAN COMPLAINT FORM

DATE OF COMPLAINT: _____ TIME OF COMPLAINT: _____

COMPLAINANT

NAME: _____ DATE OF BIRTH: _____
HOME ADDRESS: _____ HOME TELEPHONE: _____

WITNESS(ES) TO INCIDENT

(1)
NAME: _____ DATE OF BIRTH: _____
HOME ADDRESS: _____ HOME TELEPHONE: _____

(2)
NAME: _____ DATE OF BIRTH: _____
HOME ADDRESS: _____ HOME TELEPHONE: _____

EMPLOYEES NAMED IN THE COMPLAINT (IF KNOWN)

RANK/NAME: _____ BADGE NO: _____
RANK/NAME: _____ BADGE NO: _____

LOCATION OF COMPLAINT

LOCATION: _____
DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ AM _____ PM

