



## West Warwick Police Department

1162 Main Street  
West Warwick, RI 02893-4829  
Phone: (401) 821-4323 Fax (401) 822-4898



### *Civilian Complaint Packet*

The West Warwick Police Department is dedicated to upholding high ethical standards and public trust. Standards of the profession must be elevated to strengthen the public confidence in law enforcement, to encourage officers individually and collectively to appreciate the total responsibilities of their office; and to earn the support and cooperation of the general public.

With the goal of maintaining professional standards, the West Warwick Police Department has an Internal Affairs Officer, who shall investigate all internal matters, allegations, and other complaints against Department Personnel. The Internal Affairs Officer is responsible for the investigation of these complaints and reports directly to the Chief of Police.

If you want to make a civilian complaint against a member of the West Warwick Police Department please complete and submit this civilian complaint packet. Please make sure this packet is filled out completely **(please print clearly or type)**.

Please provide as much information as possible describing what happened, where it happened and when it happened.

Please identify who was involved including any witnesses and if possible identifying the police officer(s) involved.

Please sign and date the form.

*“Courage ~ Sacrifice ~ Devotion”*

- Note – You may submit a complaint anonymously however there will be no way to follow up with you on the status of the complaint.

You may obtain a complaint packet at the following locations:

- West Warwick Police Station, 1162 Main St. West Warwick RI
- West Warwick Town Hall, 1170 Main St. West Warwick RI
- Town of West Warwick Website [www.westwarwickri.org](http://www.westwarwickri.org)
- West Warwick Police Department Website [www.westwarwickpd.org](http://www.westwarwickpd.org)

You may submit a civilian complaint packet in the following manner:

- In person at the West Warwick Police Station, 1162 Main St. West Warwick RI 02893
- By mail to the above address
- By fax (401) 822-9267 Monday-Friday 8:00 am until 4:00 pm
- **Please make sure the packet is directed to the Internal Affairs Office.**

If you need assistance filling out the packet or have questions please contact the Internal Affairs Office at (401) 827-9045. After the complaint is received the Internal Affairs Officer assigned to the complaint will acknowledge receipt of the complaint.

The Internal Affairs Officer maintains the confidential status of all internal affairs investigations and records. All Internal Affairs Investigations are conducted in accordance with the West Warwick Police Department Rules and Regulations, Department General Orders, Special Orders, the Rhode Island Law Enforcement Officer's Bill of Rights and existing collective bargaining agreements.

All complainants of the investigation you will be notified by mail of the outcome of the investigation and the action taken. This notification will take place unless release of that information is prohibited by the Law Enforcement Officer's Bill of Rights.

**West Warwick Police Department**

**Civilian Complaint Form**

Reporting Date: \_\_\_\_\_ IA Case # \_\_\_\_\_  
(Police use only)

Name of person making complaint: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone numbers: Home (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Work (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_ Cell (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Date, time and location where alleged incident took place:

\_\_\_\_\_

**Witness Information**

(If more than two witnesses please use additional paper)

Name of Witness # 1: \_\_\_\_\_

Home address of witness: \_\_\_\_\_

Telephone numbers: Home (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Work (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_ Cell (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Name of Witness # 2: \_\_\_\_\_

Home address of witness: \_\_\_\_\_

Telephone numbers: Home (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Work (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_ Cell (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

**Officer(s) Information** (who were allegedly involved in this complaint)

_____ Officer's Name	_____ Rank	_____ Badge #
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_____ Officer's Name	_____ Rank	_____ Badge #
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**West Warwick Police Department**

**Civilian Complaint Form**

**Nature of the complaint:**

Please describe the nature of your complaint below providing as much detail as possible. (Remember to type or print clearly)

(You may attach additional sheets of paper if more space is needed)

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

Date of Complaint \_\_\_\_\_

**Bring or mail this Complaint Form to:**  
West Warwick Police Department - Attention Internal Affairs

“Courage ~ Sacrifice ~ Devotion”

1162 Main St. West Warwick RI 02893 or FAX to (401) 822-9267  
**West Warwick Police Department**

Civilian Complaint Form

**This section for police department use only**

Date complaint received Signature of assigned IA Officer.

Date notification mailed to complainant's home address.

**West Warwick Police Department**

**Civilian Complaint Form**

Nature of the complaint, *continued*:

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

Date of Complaint \_\_\_\_\_

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