



Edward A. Mello
Chief of Police

JAMESTOWN POLICE DEPARTMENT

250 Conanicut Avenue, Jamestown, RI 02835

Tel: (401) 423-1212 Fax: (401) 423-3710

www.jamestownri.net/police



Walk-In Complaint Form

Instructions: Please fill in this form entering only information which applies to your specific circumstances. Please print.

Today's Date: _____ Time: _____

Nature of the incident you are reporting: _____

Person Reporting this Incident:

Name: _____
Last Middle First

Date of Birth: _____ Social Security #: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Home Telephone: (_____) _____ Cell Phone: (_____) _____

Where did the incident occur? _____

When did the incident occur? _____

Please explain the incident:

*** PLEASE COMPLETE INFO ON BACK PAGE IF APPLICABLE ***



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Property Information: (check one)

Lost ☐ Found ☐ Stolen ☐ Vandalized ☐ Other ☐

Property Description: _____

Make: _____ Model: _____ Serial #: _____

Value: \$ _____

Vehicle Information: (check one)

Stolen ☐ Vandalized ☐ Other _____

Registration (plate) #: _____ Registration Type: _____ State: _____

Vehicle Identification Number: _____

Year: _____ Make: _____ Model: _____

Color: _____ Keys in vehicle? ☐ Yes ☐ No Doors Locked? Yes ☐ No ☐

Vehicle Owner:

Name: _____
Last Middle First

Date of Birth: _____ Social Security #: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Home Telephone: (_____) _____ Cell Phone: (_____) _____

Damage to vehicle: _____

Insurance Company: _____ Policy #: _____



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Other persons involved (*full name, address, telephone #, date of birth*):
