



# JAMESTOWN POLICE DEPARTMENT

250 Conanicus Avenue, Jamestown, RI 02835  
Tel: (401) 423-1212 Fax: (401) 423-3710  
www.jamestownri.net/police



James P. Campbell  
Chief of Police

## Jamestown Police Department Civilian Complaint Form

Date of Complaint: \_\_\_\_\_ Time of Complaint : \_\_\_\_\_

### COMPLAINANT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### WITNESS(ES) TO Incident

(1)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(2)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYEES NAMED IN THE COMPLAINT (IF KNOWN)

Rank /Name: \_\_\_\_\_ Badge No.: \_\_\_\_\_

Rank/Name: \_\_\_\_\_ Badge No.: \_\_\_\_\_

