



Mayor Kenneth J Hopkins



Colonel Michael J. Winquist
Chief of Police

**CRANSTON POLICE DEPARTMENT
OFFICE OF PROFESSIONAL STANDARDS**

CITIZEN COMPLAINT

FOR DEPARTMENT USE ONLY: Type or print legibly. To be completed by the receiving Commanding Officer or Supervisor for all complaints received against the Cranston Police Department or its employees regardless of source (Written, in person, or anonymous). The original *Citizens Complaint Report* is to be forwarded within 24 hours to the Office of Professional Standards.

Date of complaint: _____ Time of Complaint: _____ O.P.S. Case #: _____

Date of Alleged Incident: _____ Time: _____ Location: _____

Name of Commanding Officer receiving complaint: _____ Duty Assignment: _____ Code#: _____

Name of Investigating Supervisor (if different from above): _____ Duty Assignment: _____ Code#: _____

Origin of Complaint: **By Phone** **In Person** **In Writing**
 Anonymous **Outside Agency (Identify)** _____

Complainant's Name: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____ Work Phone: _____

Witness (s):
Name: _____ Address: _____ Phone #: _____
1. _____
2. _____

Name of accused employee (s) (if known):	Rank	Division	Code #	Commanding Officer
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Describe employee (s) activity at time of incident (Traffic stop, arrest, off-duty, court, etc.)

Type of misconduct:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> False Arrest | <input type="checkbox"/> Improper Demeanor |
| <input type="checkbox"/> Excessive Force | <input type="checkbox"/> Mistreatment | <input type="checkbox"/> Integrity/Behavior |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Harassment | <input type="checkbox"/> Poor Performance |
| | | <input type="checkbox"/> Other _____ |

Was force used:

IF YES, Type of force used (describe type and by whom)

Yes No

Injuries sustained:

IF YES, Describe Injury:

Yes No

Photograph injury

Obtain Medical Authorization

Property damaged:

IF YES, Provide owners Name & Address (if Known)

Yes No

IF YES, Description of property damage:

Was the complainant or any other party arrested as a result of the Incident Yes No

IF YES; Indicate Charge (s) _____ Felony Misdemeanor Violation

_____ Felony Misdemeanor Violation

_____ Felony Misdemeanor Violation

CR#: _____ Summons: _____ Court Date: _____

