

Tiverton Police Department Compliment / Complaint Form

20 Industrial Way
Tiverton, Rhode Island 02878
(401) 625-6717
www.tivertonpoliceri.com

Department use only

Case # _____

Initials _____

Date _____

Instructions: If you would like to praise a Tiverton Police Department employee, or file a complaint against a police employee, please write legibly and fill out this form. Personal information will not be disclosed to the public, unless required by law. You can submit this form by mailing or returning it to the Tiverton Police Department at the address given at the top of this page. **Please use page 2 to give specific information about your compliment or complaint.**

I wish to file a (please check one): Compliment Complaint

If you are filing a complaint, indicate the type of complaint you wish to file (you must check one):

Formal Complaint: Involves a serious allegation of misconduct, and I want my complaint officially investigated, for which discipline may be imposed, if the allegation(s) are sustained.

Informal Complaint: Involves a minor complaint or concern, and I only want my complaint/concerns on record. I understand it will be for informational purposes only, will not be formally investigated. However the matter will be discussed with the employee(s) involved.

Information about you

LAST NAME		FIRST NAME	M.I.	DATE OF BIRTH
STREET ADDRESS and APT#		CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELL PHONE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

Are you filing this on behalf of someone else? Yes No *If Yes, then complete this section*

WHAT IS HIS/HER LAST NAME?	FIRST NAME	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET ADDRESS and APT#	CITY	STATE	ZIP CODE
WHAT IS HIS/HER RELATIONSHIP TO YOU?	HOME PHONE	WORK / CELL PHONE	

Information about the incident

LOCATION OR ADDRESS OF INCIDENT	DATE OF INCIDENT	TIME OF INCIDENT : AM / PM
WITNESS LAST NAME	FIRST NAME	AGE SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
WITNESS ADDRESS	CITY	STATE PHONE
NAME OR ID# OF OFFICER OR EMPLOYEE	NAME OR ID# OF OFFICER OR EMPLOYEE	

Nature of action: Check all that apply and briefly describe what happened on the following page.

<input type="checkbox"/> Extremely helpful	<input type="checkbox"/> Excessive and/or improper use of force	<input type="checkbox"/> Rudeness, discourtesy, and offensive language
<input type="checkbox"/> Very caring/empathetic	<input type="checkbox"/> False arrest	<input type="checkbox"/> Violation of civil rights
<input type="checkbox"/> Professional conduct	<input type="checkbox"/> Unlawful search and/or seizure	<input type="checkbox"/> Bias-based profiling
<input type="checkbox"/> Did a great job	<input type="checkbox"/> Dishonesty and untruthfulness	<input type="checkbox"/> Department <i>procedures or tactics</i>
<input type="checkbox"/> Made an extra effort	<input type="checkbox"/> Corruption	<input type="checkbox"/> Other (please explain in narrative on page 2)

Signature (Not required)

Signature: _____ DATE: _____

FOR DEPARTMENT USE ONLY: To be completed by the Supervisor/OIC or member of the Office of Chief of Police receiving or initiating a complaint

	CATEGORY	DESCRIPTION
<input type="checkbox"/>	CLASS 1	Allegations that have the potential of damaging the reputation of the Department or its personnel and generally include, but are not limited to, allegations of serious misconduct, serious violations of <i>Standards of Conduct</i> and other written directives, or criminal conduct.
<input type="checkbox"/>	CLASS 2	Allegations that generally include, but are not limited to, allegations of a non-serious nature and violations of <i>Standards of Conduct</i> and other written directives of a non-serious nature.
<input type="checkbox"/>	CLASS 3	Minor complaints by a citizen desiring to make an informal complaint against an employee of a minor nature, generally involving an employee's conduct and/or behavior. Employee notified on
<input type="checkbox"/>	CLASS 4	Minor complaints by a citizen who contacts the Department questioning or informally complaining about a procedure or tactic used by the Department or its employees

Signature of Supervisor or OIC receiving / initiating the complaint

OFFICER: _____ ID#: _____ DATE: _____

Forward this report to the Deputy Chief of Police for review

Signature Deputy Chief of Police

Deputy Chief of Police: _____ DATE: _____

Forward this report to the Chief of Police for review

To be completed by the Deputy Chief of Police

	CASE ASSIGNED TO	ASSIGNED NAME	DATE ASSIGNED
<input type="checkbox"/>	UNIT / SHIFT LEVEL		
<input type="checkbox"/>	DEPUTY CHIEF/IA ASSIGNMENT		
<input type="checkbox"/>	NO INVESTIGATION NEEDED (3 or 4 only)		
<input type="checkbox"/>	COMPLIMENT ONLY		

To be completed by the Chief of Police

	FINDING	DATE COMPLETED
<input type="checkbox"/>	EXONERATED	
<input type="checkbox"/>	UNFOUNDED	
<input type="checkbox"/>	NOT SUSTAINED	
<input type="checkbox"/>	SUSTAINED	
<input type="checkbox"/>	MISCONDUCT NOT BASED ON ORIGINAL COMPLAINT	
<input type="checkbox"/>	COMPLAINT WITHDRAWN	
<input type="checkbox"/>	POLICY FAILURE	

Signature Chief of Police

Chief of Police: _____ DATE: _____