

ACLU of RI
COMPLAINT FORM For Victims and Witnesses of Police Misconduct

Your Name _____
Phone _____ Alternate Phone _____
Address _____
City _____ State _____ Zip _____
Email _____
Name of Victim (if other than you) _____
Age _____ Race/Ethnicity _____

Police Department:

Name, Rank, and/or Badge # of Officer(s) involved:

Place of Incident:

Date and Time of Incident:

Nature of Incident (Check all that apply):

Brutality
Use of Insulting Language
Unnecessary Force
Phone Call Not Allowed
Harassment
Other _____

Charges (s) Brought Against You (Check all that apply):

None
Resisting Arrest
Assaulting Officer
Drug-Related Charge
Harassment
Disorderly Conduct
Other _____

(OVER)

Describe the incident. Be as specific as possible. Use additional pages if necessary.

Please sign and date this COMPLAINT FORM:

Your Signature

Today's Date

Please mail to:

**ACLU of RI
128 Dorrance Street, Suite 400
Providence, RI 02903**