

COMPLAINT PROCEDURE

If you wish to make a complaint about the action of a police officer or about any aspect of police operations you can do so by asking to speak to a supervisor. If you wish to file a formal complaint of Police Misconduct you may do so through anyone of the following procedures.

Obtaining a Complaint Form

1. Visit the New Shoreham Police Department and request a Complaint Form; or
2. Call the New Shoreham Police Department at (401) 466-3220 or the Town Manager's office at (401) 466-3210 and tell the person answering the phone that you want to make a complaint; or
3. Visit the Town website at <http://www.new-shoreham.com> and download a complaint form.

Returning a Complaint Form

1. Completed complaint forms may be dropped off in person or mailed to the New Shoreham Police Department; or
2. Completed complaint form may be faxed to the New Shoreham Police Department at (401) 466-3228.
3. Any complaint form not brought in person must have the signature of the complainant notarized.

Investigation of Complaint

Once your complaint is received it will be thoroughly investigated by an officer designated by the Chief of Police. You will be contacted regarding your complaint and you will be advised if the investigation is expected to exceed thirty (30) days. At the completion of the investigation you will receive written notification of the findings.

If you have any questions or suggestions you may contact the New Shoreham Police Department at by the following means:

Chief Vincent Carlone
New Shoreham Police Department
10 Beach Ave.
Block Island, RI 02807
(401) 466-3220

**NEW SHOREHAM POLICE DEPARTMENT
COMPLAINT OF POLICE MISCONDUCT**

10 Beach Ave, Block Island, RI 02807
Tel: (401) 466-3220 / Fax: (401) 401-3228

Name: _____ Phone: _____

Address: _____ Language Spoken: _____

Date of Occurrence: _____

Location of Occurrence: _____

Names or Badge Numbers of employees involved (if known):

Names, addresses and contact telephone numbers of witnesses present at the time of occurrence (if known):

(List additional employees and/or witnesses under the "Details" section.)

Details- (Please state your complaint, including names, times, locations, witnesses and any other information that would help in investigating your complaint. If employee's names are unknown, explain what each employee looked like.)

(Attach additional sheets if necessary.)

Date: _____

Signature: _____

Notary Public Name: _____

My Commission Expires: _____

Signature: _____

Seal:

DEPARTMENT USE ONLY

To be completed by the supervisor receiving this form.

Supervisor's Name: _____

Badge number: _____

Date and time received _____