



# NEWPORT, R.I. POLICE DEPARTMENT

*"Police and Community - Partners in Excellence"*

120 Broadway, Newport, RI 02840  
Tel: 401-847-1306 • Fax: 401-849-0214

## REPORT OF COMPLAINT AGAINST POLICE PERSONNEL REPORTE DE QUERRELLA ENCONTRA UN PERSONAL POLICIAL

Name of complainant: \_\_\_\_\_  
Nombre del quejador \_\_\_\_\_

Home address: \_\_\_\_\_  
Domicilio \_\_\_\_\_

Home phone number: \_\_\_\_\_ Work phone number: \_\_\_\_\_  
Telefono de su casa \_\_\_\_\_ Numero del trabajo \_\_\_\_\_

Location of incident: \_\_\_\_\_  
Donde ocurrio el incidente \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_  
Fecha del incidente \_\_\_\_\_ Hora en cuando ocurrio el incidente \_\_\_\_\_

Name of officer(s) or employee(s) allegedly involved in incident, also include badge number(s) or car number(s):  
Nombre del Policia(s) o empleado(s) que supuestament fue involucrado en el incidente, tambien incluya numero de placa  
policial o numero de carro

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

Name of witness(es):  
Nombre del testigo(s)

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

Address of witness(es):  
Direccion del testigo(s)

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

Phone number of witness(es): \_\_\_\_\_  
Numero telefonico del testigo(s) \_\_\_\_\_

