



Coventry Police Department
60 Wood Street
Coventry, Rhode Island 02816

Civilian Complaint Form

Date of Complaint:	Time of Complaint:
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COMPLAINANT

Name:	Date of Birth:
Home Address:	
Email Address:	
Home Telephone:	Work Telephone:
Cell Phone:	

WITNESSES

(1) Name:	
Date of Birth:	Telephone:
Home Address:	
(2) Name:	

Date of Birth:	Telephone:
Home Address:	

EMPLOYEES NAMED IN THE COMPLAINT (IF KNOWN)

Rank/Name:	Badge Number:
Rank/Name:	Badge Number:

LOCATION OF COMPLAINT

Location:	
Date of Incident:	Time of Incident:

NARRATIVE

NATURE OF COMPLAINT

<p>Attach additional pages if necessary.</p>
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Print Name:		
(LAST)	(M.I.)	(FIRST)
<p>Knowingly providing false information will void this complaint and may subject you to a charge of perjury.</p>		
Signature:	Date:	