



Barrington Police Department

100 Federal Road, Barrington, Rhode Island 02806
Telephone: (401) 437-3935 Fax: (401) 437-3939



John M. LaCross
Chief of Police

HOW TO MAKE A COMPLAINT

1. If you wish to make a complaint about the actions of a police officer or about any aspect of police operations, please:
 - a. Come to the department and tell any employee that you want to make a complaint; or
 - b. Call the department or the Town Manager's office and tell the person answering the phone that you want to make a complaint; or
 - c. Write your complaint and mail it to the Chief of Police.
2. A supervisory officer will assist you in filling out a *Report of Complaint Against Police Personnel Form*. This form asks you to identify yourself and then to give specific details about your complaint.
3. Your complaint will then be investigated. You may be contacted and asked additional questions about your complaint.
4. If it is going to take a long time to investigate your complaint, you will receive a letter telling you approximately when you may expect a reply.
5. When your complaint has been investigated, the Chief of Police will review the investigation and will write you a letter explaining what the status of the investigation has been found to be.
6. You may also contact the following agencies that are not connected with the Town of Barrington to make a complaint:

R.I. Department of State Police, Detective Division, Headquarters,
Route 6, Danielson Pike
North Scituate, R.I. 02857
444-1000

R.I. Department of the Attorney General
150 South Main Street
Providence, R.I. 02903
274-4400

Federal Bureau of Investigation, Providence Office
210 Post Office Annex
Providence, R.I. 02903
272-8310

BARRINGTON POLICE DEPARTMENT

CASE : _____

REPORT OF COMPLAINT AGAINST POLICE PERSONNEL

CONFIDENTIAL

Name of Complainant: _____

What is your:

Date of Birth: _____ License Number: _____ State: _____

Social Security Number: _____

At what address can you be contacted? _____

What phone number? Residence: _____ Employment: _____

Date and time of incident: _____

Location of incident: _____

NAME OF OFFICER(S) AGAINST WHOM COMPLAINT IS BEING FILED:

| RANK | NAME | BADGE NUMBER |
|------|------|--------------|
|------|------|--------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(If unknown, use best description available as part of narrative)

POLICE VEHICLE(S) USED: _____

WITNESSES:

| NAME | ADDRESS | PHONE NUMBER |
|------|---------|--------------|
|------|---------|--------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**PLEASE DESCRIBE YOUR COMPLAINT ON THE REVERSE SIDE
OF THIS FORM IN DETAIL**

I understand that this statement of complaint will be submitted to the Barrington Police Department and may be the basis for an investigation.

Further, I sincerely and truly declare and affirm that the facts contained herein are complete, accurate and true to the best of my knowledge and belief.

Further, I declare and affirm that my statement has been made by me voluntarily without persuasion coercion or promise of any kind.

I understand that, under the provisions of R.I. General Laws, 1956, 42-28.6-1 through 15, the officer(s) against whom this complaint is filed may be entitled to request a hearing before a Hearing Committee convened under the authority of R.I. General Laws, 1956, 42-28.6.4, if one is requested by the officer(s).

By signing and filing this complaint, I hereby agree to appear before such Hearing Committee and to testify under oath. I also agree to cooperate with the Barrington Police Department's investigation of my complaint.

Signature of Complainant

Date

(____ Check here if Complainant refused to sign)

Signature of person Receiving Complaint

Date and Time Received

Notary Public

My Commission Expires:_____

