

(Page 1 of 3)	CUMBERLAND POLICE DEPARTMENT MISCONDUCT COMPLAINT FORM
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Type or print legibly. All complaints received against the Cumberland Police Department or its employees regardless of source (written, in person, by phone, or anonymous) will be investigated. The original *Misconduct Complaint Report* is to be forwarded within 24 hours from time of receipt to the Office of Professional Standards. The Commanding Officer or Supervisor receiving the complaint shall conduct an initial investigation into the allegation(s) in accordance with department policy and shall forward the entire complaint form(s) to the Office of Professional Standards.

Date of complaint:	Time of complaint:	Case #:	IA #
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Name of Commanding Officer/Supervisor receiving complaint:	ID #
Name of investigating supervisor (if different from above):	ID #

Origin of complaint:	<input type="checkbox"/> By phone	<input type="checkbox"/> In person	<input type="checkbox"/> In writing	
	<input type="checkbox"/> Anonymous	<input type="checkbox"/> Outside Agency (Identify) _____		

Complainant's Name:	Date of birth: (Optional)
Home Address:	Home phone:
City, State, Zip:	Work phone: (Optional)
Occupation: (Optional)	Place of employment: (Optional)
Witness(es): 1. Name: _____ Address: _____ Phone#: _____ 2. Name: _____ Address: _____ Phone#: _____	

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Date of alleged incident: _____ Time: _____ Location: _____				
Name of accused employee(s) (if known):	Rank	Division/Shift	ID#	Commanding Officer
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Describe employee(s) activity at time of incident (traffic stop, arrest, off-duty, court, etc.):
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Type of misconduct:		
<input type="checkbox"/> Criminal activity	<input type="checkbox"/> False arrest	<input type="checkbox"/> Improper demeanor
<input type="checkbox"/> Excessive force	<input type="checkbox"/> Mistreatment	<input type="checkbox"/> Integrity/behavior
<input type="checkbox"/> Civil rights	<input type="checkbox"/> Harassment	<input type="checkbox"/> Poor performance
<input type="checkbox"/> Other _____		

Was force used: <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES; Type of force used (describe type and by whom):
Injuries sustained: <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES; Describe injury:
Property damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES; Provide owners Name & Address (if known): IF YES; Description of property damage:

Was the complainant or any other party arrested as a result of the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate charge(s): _____	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Violation
_____	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Violation

<p><i>LETTER OF COMPLAINT</i></p> <p>(to be completed by complainant)</p>
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<p><i>LETTER OF COMPLAINT</i></p> <p>(to be completed by complainant)</p>
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[illegible]

Complainant's signature: _____ Date: _____

Please mail or deliver in person, the completed Citizen Complaint Form to;

Cumberland Police Department
1379 Diamond Hill Road
Cumberland, RI 02864
Attn: Office of Professional Standards