



RHODE ISLAND AIRPORT CORPORATION POLICE DEPARTMENT

COMPLIMENTS / SUGGESTIONS / COMPLAINT FORM

Instructions:

1. Complete with as many details as possible.
2. Mail or deliver to:
 Rhode Island Airport Police
 Department Deputy Helen Ricci
 2000 Post Road.
 Warwick, RI 02886
 Phone: 401-691-2494
3. You will be contacted within 24 hours of receipt

1. PLEASE IDENTIFY THE TYPE OF REPORT BEING MADE BY CHECKING THE APPROPRIATE BOX BELOW.

Compliment—If you wish to compliment a specific officer/member of RI Airport Police Department please identify in section (2) below the officers name and/or badge number if you can. Include the date, time and location if applicable.

Suggestion—The RI Airport Police Department welcomes suggestions made by the community. Many of these will be used in helping formulate the activity of our Department. Please complete section (2) below.

Complaint—If you wish to report alleged misconduct by and officer/member of the RI Airport Police Department, please complete section (2) below. Be specific and as detailed as possible. Please include time, location and date of the incident, as well as the names/s and local phone numbers of any witnesses. Please identify the officer's name and/or badge number if you can. If you cannot, a description of the officer(s) will suffice.

2. OFFICER(S) INVOLVED: DESCRIPTION IF OFFICER'S NAME OR BADGE NUMBER IS UNKNOWN:

| | | | | | | |
|-----------------|----------|---------|-------|-----------------|---|-----------|
| Officer's Name: | Badge #: | Height: | Hair: | Weight / Build: | Glasses: Y <input type="checkbox"/> N <input type="checkbox"/> | Location: |
| Officer's Name: | Badge #: | Height: | Hair: | Weight / Build: | Glasses: Y <input type="checkbox"/> N <input type="checkbox"/> | Location: |

3. WITNESS INFORMATION:

| | | | |
|------------|-------------|------|------------------|
| Last Name: | First Name: | M.I. | Phone: |
| Address: | | City | State: Zip: |
| | | | |
| Last Name: | First Name: | M.I. | Phone: |
| Address: | | City | State: Zip: |

4. INCIDENT DEATILS:

| | | |
|-----------------------|------------------|--------------------------------|
| Date of Incident: | Time of Incident | Police Report # (If Known): |
| Location of Incident: | | |

5. YOUR INFORMATION:

| | | | | | | |
|------------------|--|------------------|------|------------------------|----------------|------|
| Last Name: | | First Name: | | M.I. | Date of Birth: | |
| Address: | | | City | | State: | Zip: |
| Daytime Phone #: | | Evening Phone #: | | Other Contact (email): | | |

6. NARRATIVE

(If further space is needed use reverse side of sheet)

I, _____, understand that this statement of complaint will be submitted to the RI Airport 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 further understand that, under the regulations of the department, the employee against whom this complaint is filed may be entitled to request a hearing. By signing and filing this complaint, I hereby agree to appear at this hearing, if one is requested by the employee, and to testify under oath concerning all matters relevant to this complaint.

Signature of Reporting Party

Date and Time Reported

(Check here if Party refused to sign.)

Signature of Person Receiving Report

Date and Time Received