

HOPKINTON **POLICE**Complaint / Compliment Form



Please identify if this is a <u>complaint</u> or a <u>compliment</u>.

YOUR INFORMATION				
Full Name:				
Home Address:		Home Phone Number: () Mobile Phone Number: () Other Phone Number: ()		
Mailing Address (if different from	 m above):	<u> </u>	,	
INCIDENT INFORMATION				
Date of Incident:	Time of Incident:		Citation / Report Number:	
Location / Address of Incident:				
INFORMATION OF WITNESSES TO INCIDENT				
Name:		Relation to Witness:		
Address:		Telephone Number: ()		
Name:		Relation to Witness:		
Address:		Telephone Number: ()		
Use next page to list additional witnesses if necessary.				
IDENTITY OF TROOPER / EMPLOYEE				
Name and / or Rank of Officer or Employee:				
Badge Number of Officer:				
Description of Police Vehicle:				
DESCRIPTION OF INCIDENT				
	Use next page for addi	tional comments if	necessary.	
If this is a complaint being filed t			lations which prohibits discrimination based	
on the following categories, please identify the basis under which your complaint is being filed.				
Race Color National Origin Sex Age Disability Income Level Limited English Proficiency				

METHODS FOR SUBMITTING THIS FORM TO THE INTERNAL AFFAIRS UNIT

- Deliver in person to: Hopkinton Police Department, ask for a Supervisor
- Fax to: (401) 377-7755 Attn: Capt. Mark Carrier
- Email to: mcarrier@hopkintonpolice.org
- Mail to: Hopkinton Police Internal Affairs Unit, 406 Woodville Road Hopkinton, RI 02833

With to. Hopkinton Folice Internal Finance Chit, 400	Wood ville Road Fropklitton, Ri 02000			
Professional Standards Unit Use Only				
Date Received by IAU:	Assigned Complaint Number:			

If a report is found to be fabricated and maliciously pursued, the reporting party may be subject to criminal prosecution and/or civil proceedings.



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DESCRIPTION OF INCIDENT (CONTINUED)				