

POLICE DEPARTMENT • TOWN OF HOPKINTON

406 Woodville Road Hopkinton, RI 02833 • 401-377-7750 FAX 401-377-77755

David S. Palmer, Chief of Police

NOPKINTON
Artes
1000
A RL C

PLEASE FILL OUT THIS F	ORM IN ITS E	NTIRETY. IT W	ILL ASSIST INVESTIGATORS	IN INVESTIGATI	NG THE FACTS	OF THE INCIDENT.	
	CO	MPLAINANT	/COMPLIMENTER IN	FORMATION			
Name:							
Address:							
Telephone Numbers:	(Home) (Work)				(Cell)		
Mailing Address: (If different							
from above)					and the second second		
Location of Incident		INCIDENT INFORMATION		<u>v</u>	Time of Incident		
					Thine of the		
		WI	TNESS INFORMATION	V			
Name of Witness	Address			Telephone Number		Relation to Complainant (Yes or No) If yes, please specify.	
1)							
2)							
3)							
		a na anna an ann an an an an an an an an	ICER(S) INFORMATIC	1			
Name of Officer		Badge Number of Officer		Descriptio	n of Police \	/ehicle	
		CONTRACT		NORCIC			
Describe in as much detail as possible t	the event or inci		INT/COMPLIMENT SY cts, conduct or behavior you v		at has led you to	file this complaint, or the event or	
			ur actions. (Use reverse side (
					······		
······································				·····			
		· · · · · · · · · · · · · · · · · · ·					
						· · · · · · · · · · · · · · · · · · ·	
Complainant/Complimenter Sig	Print Name of Complainant/Complimenter		menter	Date			
Parent/Guardian Signature		Print Name of Parent/Guardian			Date		
		COMPLETE	D FORMS MAY BE SU	BMITTED			

In Person: Please enclose form in an envelope marked to the attention "Chief of Police" By Mail: Hopkinton Police Department, 406 Woodville Road, Hopkinton RI 02833 By Email: Attach completed form to CHIEF@HOPKINTONPOLICE.ORG and MCARRIER@HOPKINTONPOLICE.ORG. If you do not receive a response within two (2) business days, please telephone Chief Palmer or Captain Carrier to make sure they received your complaint.