



Mayor Allan W. Fung



Colonel Michael J. Winquist  
Chief of Police

**CRANSTON POLICE DEPARTMENT  
OFFICE OF PROFESSIONAL STANDARDS**

**CITIZEN COMPLAINT**

**FOR DEPARTMENT USE ONLY:** Type or print legibly. To be completed by the receiving Commanding Officer or Supervisor for all complaints received against the Cranston Police Department or its employees regardless of source (Written, in person, or anonymous). The original *Citizens Complaint Report* is to be forwarded within 24 hours to the Office of Professional Standards.

\_\_\_\_\_  
Date of complaint: \_\_\_\_\_ Time of Complaint: \_\_\_\_\_ O.P.S. Case #: \_\_\_\_\_

\_\_\_\_\_  
Date of Alleged Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_  
Name of Commanding Officer receiving complaint: \_\_\_\_\_ Duty Assignment: \_\_\_\_\_ Code#: \_\_\_\_\_

\_\_\_\_\_  
Name of Investigating Supervisor (if different from above): \_\_\_\_\_ Duty Assignment: \_\_\_\_\_ Code#: \_\_\_\_\_

\_\_\_\_\_  
Origin of Complaint:  **By Phone**       **In Person**       **In Writing**  
 **Anonymous**       **Outside Agency (Identify)** \_\_\_\_\_

\_\_\_\_\_  
Complainant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Witness (s):  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_

Name of accused employee (s) (if known):	Rank	Division	Code #	Commanding Officer
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Describe employee (s) activity at time of incident (Traffic stop, arrest, off-duty, court, etc.)

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:

IF YES, Type of force used (describe type and by whom)

Yes  No

Injuries sustained:

IF YES, Describe Injury:

Yes  No

Photograph injury

Obtain Medical Authorization

Property damaged:

IF YES, Provide owners Name & Address (if Known)

Yes  No

IF YES, Description of property damage:

Was the complainant or any other party arrested as a result of the Incident  Yes  No

IF YES; Indicate Charge (s) \_\_\_\_\_  Felony  Misdemeanor  Violation

\_\_\_\_\_  Felony  Misdemeanor  Violation

\_\_\_\_\_  Felony  Misdemeanor  Violation

CR#: \_\_\_\_\_ Summons: \_\_\_\_\_ Court Date: \_\_\_\_\_

