West Greenwich Police Department Tel (401) 397-7191 Fax (401) 392-3811



280 Victory Highway West Greenwich Rhode Island, 02817

70000 of West Greenwich
INCORPORATED 1741
RICHARD RAMSAY, CHIEF OF POLICE

Civilian Complaint Packet

The West Greenwich Police Department is dedicated to upholding high ethical standards and public trust. Standards of the profession must be elevated to strengthen the public confidence in law enforcement, to encourage officers individually and collectively to appreciate the total responsibilities of their office; and to earn the support and cooperation of the general public.

With the goal of maintaining professional standards, The West Greenwich Police Department has an Internal Affairs Officer, who shall investigate all internal matters, allegations, and other complaints against Department personnel. The Internal Affairs Officer is responsible for the investigation of these complaints and reports directly to the Chief of Police.

If you want to make a civilian complaint against a member of the West Greenwich Department please complete and submit this civilian complaint packet. Please make sure this packet is filled out completely (please print clearly or type).

Please provide as much information as possible describing what happened, where it happened and when it happened.

Please identify who was involved including any witnesses and if possible identify the police officer(s) involved.

Please sign and date the form.

Note – You may submit a complaint anonymously however there will be no way to follow up
with you on the status of the complaint.

You may obtain a complaint packet at the following locations:

- West Greenwich Police Station, 280 Victory Highway, West Greenwich, RI
- West Greenwich Town Hall, 280 Victory Highway, West Greenwich, RI
- Town of West Greenwich website www.wgtownri.org
- West Greenwich Police Department website <u>www.wgpdri.com</u>

You may submit a civilian complaint packet in the following manner:

- In person at the West Greenwich Police Station, 280 Victory Highway, West Greenwich, RI 02817
- By mail to the above address
- By fax (401)397-6890 Monday Friday 8:00 am until 4:00 pm
- Please make sure the packet is directed to the Internal Affairs Office

If you need assistance filling out the packet or have questions please contact the Internal Affairs Office at (401)392-3810. After the complaint is received the Internal Affairs Officer assigned to the complaint will acknowledge receipt of the complaint.

The Internal Affairs Officer maintains the confidential status of all internal affairs investigations and records. All Internal Affairs investigations are conducted in accordance with the West Greenwich Police Department Rules and Regulations, Department General Orders, Special Orders, the Rhode Island Law Enforcement Officers' Bill Of Rights and existing collective bargaining agreements.

All complainants will be formally notified by the Internal Affairs Officer of the beginning and end of an internal investigation, along with periodic status reports, when necessary. You may be contacted and a request may be made for you to provide time for an interview and formal witness statement.

Upon completion of the investigation you will be notified by mail of the outcome of the investigation and action taken. This notification will take place unless release of that information is prohibited by the Law Enforcement Officer's Bill of Rights.

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70wn of West Greenwich INCORPORATED 1741 RICHARD RAMSAY, CHIEF OF POLICE

Civilian Complaint Form

Reporting Date:	IA Case#
	(Police use only)
Name of person making complaint:(May be submitted anonymously)	
Home Address:	
Telephone numbers: Home () Work () Cell (
Date, time and location where alleged incident took pl	lace:
Witness Information (If more than two witnesses please use additional paper) Name of Witness #1:	
Home address of witness:	
Telephone numbers: Home ()	
Work ()Cell (
Name of Witness #2:	
Home address of witness:	
Telephone numbers: Home ()	
Work / Coll /	1-

Officer's name	Rank	
Officer's name	Kank	Badge#
Officer's name	Rank	Badge#
lature of the complaint:		
Please describe the nature of your complete the complete state of	laint below providing as much	detail as possible.
smember to type of print clearly)		
ou may attach additional sheets of paper if more space	e is needed)	
You may attach additional sheets of paper if more spac	e is needed)	
	e is needed) Date of Comp	laint
ignature of Complainant Hand deliver	Date of Comp	orm to:
iignature of Complainant Hand delive r West Greenwich Po	Date of Comp	orm to: nternal Affairs
ignature of Complainant Hand deliver West Greenwich Po 280 Victory B	Date of Comp r, mail or fax this complaint fo lice Department – Attention I	orm to: nternal Affairs
Gignature of Complainant Hand deliver West Greenwich Po 280 Victory R	Date of Comp r, mail or fax this complaint fo lice Department – Attention I Highway, West Greenwich, RI,	orm to: nternal Affairs 02817

Nature of the complaint, <u>continued:</u>		
Signature of Complainant Date of comp	olaint	
		of