



Town of Warren

POLICE DEPARTMENT
ONE JOYCE STREET
WARREN, RHODE ISLAND 02885-3232
(401) 245-1311 FAX (401) 247-0091



Peter T. Achilli
CHIEF OF POLICE

Citizen Complaint Internal Affairs Complaint

Type of Complaint: _____ IA# _____

Complainant's Name: _____
(Last, First, Middle Initial)

Complainant's Address: _____
(House, Street, Apartment, Town, State, Zip Code)

Complainant's Date of Birth: _____ SSN: _____

Complainant's Phone: _____ Best Time To Contact: _____

Employee(s) Involved

Last Name First Name Badge # Rank Shift

Last Name First Name Badge # Rank Shift

Witnesses

Last Name First Name Address Phone

Last Name First Name Address Phone

- How was this complaint received? (phone, in person, mail, other):
- Complaint Received by:
- Location of the incident/contact:
- Date Occurred: _____ Time Occurred: _____

