



# FOSTER POLICE DEPARTMENT

182 Howard Hill Rd  
Foster, Rhode Island 02825  
Ph# 401-397-3317 Fax# 401-397-8731  
Chief David Breit

## **POLICE PERSONNEL COMPLAINT PROCEDURES**

The Foster Police Department has instituted the position of Internal Affairs Officer, who shall investigate all internal matters, allegations, and other complaints against Department personnel. The Internal Affairs Officer is directly responsible for the investigation of these complaints and reports directly to the Chief of Police.

Any person wishing to file a complaint may do so by mail, fax, or in person, with any sworn officer or civilian dispatcher at the Department. That officer or dispatcher is mandated to log the receipt of the complaint into the daily police log and promptly notify the Internal Affairs Officer who will collect as much information as necessary to complete a *Personnel Complaint Report Form*. This form will then be forwarded to the Internal Affairs Officer. Also, the Duty Patrol Officer will supply the complainant with a *Civilian Complaint Form*, if one is requested.

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 Foster 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.

All complainants are requested to return the completed form to the Foster Police Department by mail (address listed above), fax (401-397-8731) or in person.



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## POLICE PERSONNEL COMPLAINT FORM

DATE OF COMPLAINT: \_\_\_\_\_ TIME OF COMPLAINT: \_\_\_\_\_

### COMPLAINANT

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

### WITNESS(ES) TO INCIDENT

(1)  
NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

(2)  
NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

### EMPLOYEES NAMED IN THE COMPLAINT (IF KNOWN)

RANK/NAME: \_\_\_\_\_ BADGE NO: \_\_\_\_\_

RANK/NAME: \_\_\_\_\_ BADGE NO: \_\_\_\_\_

### LOCATION OF COMPLAINT

LOCATION: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_AM \_\_\_\_\_PM

(SEE OTHER SIDE)

[illegible]

(USE ADDITIONAL PAGES, IF NECESSARY)