# POLICE DEPARTMENT SCITUATE, R.I.

# POLICIES AND PROCEDURES

SUBJECT: CITIZEN COMPLAINT POLICY	
EFFECTIVE DATE: March 9, 2005 REVISED DATE:  APPROVED: CHIEF OF POLICE Web T Mark	PAGE 1 OF 4
DISTRIBUTED TO:All personnel XX Police only Civilian personnel only Supervisors only	

#### I. PURPOSE

The Scituate Police Department believes that an effective relationship with our community is built on trust and confidence. Public safety employees have an obligation under the law to respect the rights of all persons. However, they must also be free to exercise their best judgment and initiate such action as is reasonable, lawful, and impartial without fear of reprisal. The Department acknowledges its responsibility to uphold a system of citizen complaint and possible subsequent officer disciplinary procedures. This agency is responsive to the community and will ensure that our employees conduct themselves appropriately. To this end, the Chief welcomes constructive criticism of the department and its procedures, and valid complaints about its members.

#### II. POLICY

It is the policy of the Scituate Police Department to accept, record and investigate any complaint from any member of the public. Complaints, recorded on a "Citizen Complaint" form, will be accepted at any time, about any member of the department. These include complaints conveyed to another source and transmitted to the department. "Anonymous" complaints against personnel will be accepted as long as all three of the following elements are present:

- (1) the complaint contains sufficient information for the department to reasonably identify the involved personnel, and
- (2) it provides sufficient information to preliminarily determine that some misconduct or inappropriate behavior is being alleged, and
- it contains information which reasonably permits the department to initiate an investigation.

Anonymous complaints will not be provided a response.

"Third party" complaints against personnel will be accepted if they contain all of the elements of "anonymous" complaints and any one of the following:

(1) are from the parents/guardians of involved juveniles, or

the alleged misconduct or inappropriate behavior has been witnessed by the third party, or

(3) the allegations of a non-witnessing third party are sufficient, if established as accurate, to support discipline of suspension/termination.

Persons under eighteen (18) years of age making complaints will be asked to have a parent or guardian present at the time the complaint is made. Generally, complaints will not be accepted from persons who are intoxicated. This is not designed to discourage complaints, but rather to ensure that all the facts and circumstances are accurately recorded. Persons who are intoxicated at the time they wish to file the complaint will be re-contacted at a later time.

The person receiving the complaint will ask you to provide as much information as possible. The complaint will then be investigated in a timely, professional manner by a department supervisor. The investigation may consist of taking statements from all persons concerned and collection of physical evidence or other related information. Each allegation will be objectively examined on its own merits. Complainants will be provided a copy of their statement at the time the complaint is taken.

Complainants should understand that if they knowingly make false accusations they may be liable to criminal and/or civil recourse under provisions of the law.

### III. PROCEDURE

A "Citizen Complaint" form may be obtained from the Scituate Police Department, 116 Main Street, Hope, Rhode Island 02831 (401)821-5900, the Scituate Town Hall, 197 Danielson Pike, North Scituate, Rhode Island 02857 (401)647-2822, or online at www.scituateri.org.

The completed form may be submitted in person; by mail to the Scituate Police Department, 116 Main Street, Hope, Rhode Island 02831; or by facsimile to (401)821-7162.

Complainants will be notified of the disposition in writing within thirty (30) days of the disposition of the complaint. If it is determined that an employee acted improperly, he or she will be subject to discipline by the department. If the employee action is criminal it will be referred to the Office of the Attorney General.

## SCITUATE POLICE DEPARTMENT

CITIZEN COMPLAINT FORM OFFENSE# THIS FORM WILL BE FILLED OUT IN ITS ENTIRETY. IT WILL ASSIST INVESTIGATORS IN INVESTIGATING THE FACTS OF THE INCIDENT. COMPLAINT INFORMATION NAME (PLEASE PRINT) \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_\_ STATE \_\_\_\_ZIP \_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_ BUSINESS PHONE NUMBER \_\_\_\_ WITNESS INFORMATION 1. NAME/ADDRESS HOME PHONE NUMBER \_\_\_\_\_\_ BUSINESS PHONE NUMBER \_\_\_\_\_ NAME/ADDRESS \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_ BUSINESS PHONE NUMBER \_\_\_\_\_ INCIDENT INFORMATION LOCATION OF INCIDENT \_\_\_\_ TIME OF INCIDENT \_\_\_\_\_ DATE OF INCIDENT \_ DURATION OF INCIDENT \_ OFFICER(S) INFORMATION NAME \_\_\_\_\_\_ UNIT NUMBER \_\_\_\_\_ UNIT NUMBER \_\_\_\_\_ NAME \_\_\_\_\_\_ UNIT NUMBER \_\_\_\_\_ UNIT NUMBER \_\_\_\_\_ COMPLAINT SYNOPSIS DESCRIBE IN AS MUCH DETAIL AS POSSIBLE THE EVENT OR INCIDENT. LIST ANY ACTS, CONDUCT OR BEHAVIOR YOU WERE SUBJECTED TO THAT HAS LED YOU TO FILE THIS COMPLAINT. (CONTINUE ON REVERSE IF NECESSARY.) COMPLAINANT SIGNATURE PRINT NAME OF COMPLAINANT DATE PARENT/GUARDIAN SIGNATURE PRINT NAME OF PARENT/GUARDIAN DATE