



LINCOLN POLICE DEPARTMENT

100 Old River Road
Lincoln, Rhode Island 02865
Ph: (401) 333-1111
Fax: (401) 334-4244

Dear Complainant:

The Lincoln Police Department is dedicated to upholding high ethical standards and a high degree of honesty in accomplishing our law enforcement mission. To protect the citizenry, officers and the reputation of the Lincoln Police Department, the Chief of Police is responsible for conducting prompt and thorough investigations of all complaints received to maintain high professional standards within the department.

With the goal of maintaining professional standards, the Lincoln 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 with any sworn officer or civilian dispatcher at the Lincoln Police Department. The officer or dispatcher is mandated to log the receipt of the complaint into the daily police log and promptly notify the Patrol Shift Supervisor, 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. In addition, the Patrol Shift Supervisor will supply you 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 Lincoln Police Department Rules and Regulations, Department General Orders, Special Orders, the Rhode Island Law Enforcement Officer's Bill of Rights, and existing collective bargaining agreements.

All complainants will be formally notified by the Internal Affairs Officer at the beginning and end of an internal investigation, along with periodical status reports, when necessary.

With Regards,

Lincoln Police Department
Office of Internal Affairs



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Date of Complaint: _____	Time of Complaint: _____
Location of Incident: _____	_____
Date of Incident: _____	Time of Incident: _____

Last Name, First Name, Middle Initial of Complainant

Date of Birth of Complainant

Home Phone Number of Complainant

Address of Complainant

Cell Phone Number of Complainant

Witness Information Witness 1

Last Name, First Name, Middle Initial of Witness 1

Date of Birth of Witness 1

Home Phone Number Witness 1

Address of Witness 1

Cell Phone Number of Witness 1

Witness 2

Last Name, First Name, Middle Initial of Witness 2

Date of Birth of Witness 2

Home Phone Number Witness 2

Address of Witness 2

Cell Phone Number of Witness 2

Officer(s) and/or Employee(s) Involved

Rank/Name

Badge Number

**Lincoln Police Department Complaint Against Personnel
Shift Commander's Report**

Internal Affairs Investigation Report Number: _____

Last Name, First Name, Middle Initial of Complainant

Date of Birth of Complainant

Home Phone Number of Complainant

Address of Complainant

Cell Phone Number of Complainant

Officer Receiving Complaint

Rank and Name of Officer Receiving

Badge Number

Rank and Name of Supervisor Notified

Badge Number

Date & Time Received by Officer

Date & Time Notified to Supervisor

Manner in which complaint was received (circle one): Telephone In-Person Letter Email

Officer(s) and/or Employee(s) Involved

Rank/Name

Badge Number

Rank/Name

Badge Number

Brief Narrative/Summary of Complaint

See Attached Memo _____

Disposition (Circle One): Unfounded Founded Unsubstantiated Substantiated

Remarks

If substantiated, was the punishment contested? (Circle One): Yes No

If yes, was an appeal taken through the (circle one): Grievance Procedure Bill of Rights Hearing

Final Disposition

Approved By: _____ Date: _____

Investigating Officer Rank and Name

Date and Time