

**ACLU COMPLAINT FORM
FOR VICTIMS AND WITNESSES OF POLICE MISCONDUCT**

American Civil Liberties Union
128 Dorrance Street, Suite 220
Providence, RI 02903

I. Your Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____ Alternate Phone: _____
Age: _____ Race: _____

II. Name of victim: _____

III. Police Department: _____
Name(s), Rank(s) or Badge No.(s) of officer(s) involved:

IV. Place of incident: _____
Date and time of incident: _____
Nature of incident (*Circle those that apply*) :

Brutality Use of Insulting Language Harassment
Unnecessary Force Phone Call Not Allowed

V. CHARGE(s) brought against you (*Circle those that apply*):
None Resisting Arrest Disorderly Conduct
Assaulting Officer Drug-Related Charge Other _____

VI. Put description of incident on back of this sheet and on additional pages if necessary. Be as specific as possible.

I hereby certify that the above information and attached description are true to the best of my knowledge, information, and belief. I hereby authorize the ACLU to file a duplicate of this form and attached description with the Police Department(s) listed above and / or with the FBI for their investigation, or to use this information in any way the ACLU deems appropriate.

SIGN HERE Your Signature _____

NOTARIZE Notary Public _____

Subscribed and sworn before me this ____ day of _____, 20__.