

**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 below and on additional pages if necessary. Be as specific as possible.
