UNIVERSITY OF RHODE ISLAND POLICE DEPARTMENT COMPLAINT FORM

Send to:

Michael A. Jagoda

Assistant Vice President of Public Safety & Chief of Police

44 Lower College Road Kingston, R.I. 02881 Fax: 401.874.9372 Phone 401.874.2109 Email: majagoda@uri.edu

Revised March 2025

Instructions: If you would like to file a complaint against a URI Police Officer, please fill out this form. Personal information will not be disclosed to the public, unless required by law. You can submit this form by mailing, faxing, emailing or returning it to the University of Rhode Island Department of Public Safety at the address given at the top of this page or returning it to one of the other specified locations on your campus.

Kingston Campus:

- URI Police Department, 85 Briar Lane
- Office of the Assistant Vice President of Public Safety & Chief of Police, 44 Lower College Rd., Room 110
- Office of the Director of Talent Development, Taft Hall
- Office of the Dean of Students, Memorial Union, Room 302
- Office of the Vice President of Community, Diversity & Equity, Room 305 Green Hall
- Office of the Provost, Green Hall, Kingston, R.I. 02881
- Office of the Vice President of Athletics, Keaney Gym, 85 Keaney Rd., Kingston, R.I. 02881

Narragansett Bay Campus

- GSO Security, South Ferry Road, Narragansett, R.I. 02882
- Office of Director of Facilities & Operations, OSEC Building, Room 016B
- Office of the Dean, GSO, Horn Library Room 100A

You can also call the above phone number and make an anonymous complaint if you prefer not to use your name. Anonymous complaints will be investigated to the fullest extent possible.

If the complaint involves the Assistant Vice President of Public Safety, the complaint should be made directly to: The Office of the Vice President of Administration and Finance, Carlotti Admin Bldg., Rm. 108, 75 Lower College Rd., Kingston, R.I. 02881

If you need assistance in filling out this form, students should call the Office of Student Life at 874-2101. Faculty and staff can call the Human Resource Administration at 874-5270.

If you are filing a complaint, indicate the	type of complaint you wish to fil	e (optional):		
Inquiry: Involves what might be perceived a record. I understand it will be for informati matter will at minimum be discussed with t	ional purposes only and may not be for	only want my compl mally investigated.	laint/concerns on However, the	
Formal Complaint: Involves a serious allegate which discipline may be imposed, if the all		nplaint officially inv	vestigated, for	
Information about you (Optional)				
LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH / /	
STREET ADDRESS and APT#	CITY	STATE	ZIP CODE	
HOME PHONE	CELL PHONE () -	I .	SEX	
Are you filing this on behalf of someone else?		f Yes, then compl		
WHAT IS THEIR LAST NAME?	FIRST NAME	AGE	SEX	
STREET ADDRESS and APT#	CITY	STATE	ZIP CODE	
WHAT IS THEIR RELATIONSHIP TO YOU?	HOME PHONE	WORK / C	ELL PHONE	
	() -	()	-	
Information about the incident LOCATION OR ADDRESS OF INCIDENT				
LOCATION OR ADDRESS OF INCIDENT			DATE OF INCIDENT / /	
			TIME OF INCIDENT : AM / PM	
WITNESS LAST NAME	FIRST NAME	AGE	SEX	
WITNESS ADDRESS	CITY	STATE	PHONE () -	
NAME OR ID# OF POLICE OFFICER	NAME OR ID# OF POLICE OF	NAME OR ID# OF POLICE OFFICER		
RACE AND GENDER OF POLICE OFFICER	RACE AND GENDER OF POLI	RACE AND GENDER OF POLICE OFFICER		



University of Rhode Police Department Complaint Form

Office Use Only:
IA#:
Initials:
Date Received:

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University of Rhode Police Department Complaint Form

Office Use Only:
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Instructions:	Please describe what happened below.

Signatur (Optiona		Date:	/		
	Check here if you are requesting a copy of this form. Co	ontinue on next	page if	needed.	